THE CANADIAN NURSE

ERIODICALS R.

OLUME 52 NUMBER 5
MONTREAL

CNA Biennial Convention
June 25 - 29
Winnipeg

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To Assiniboine Park

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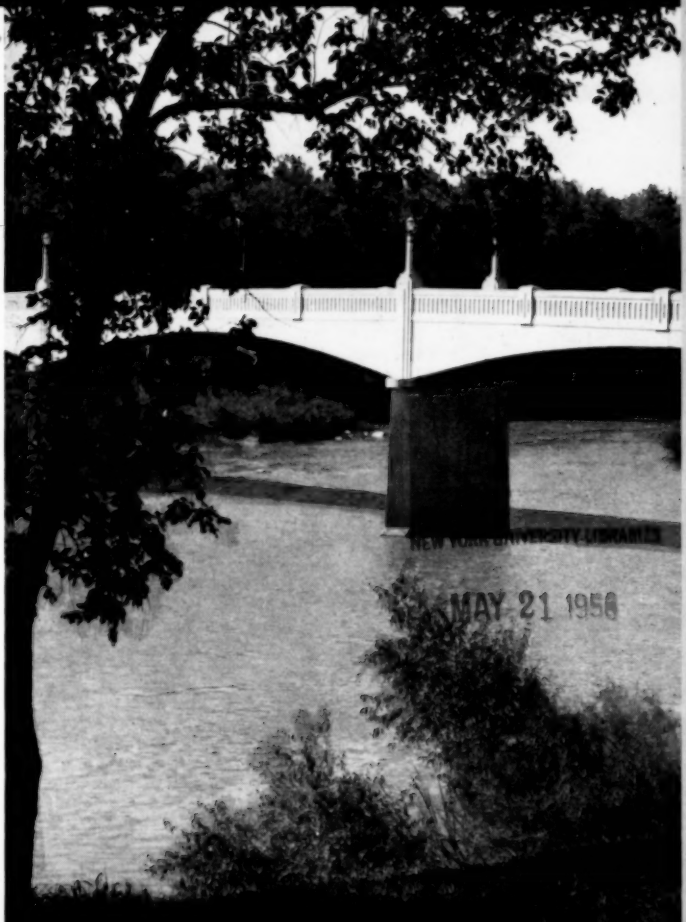

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THE CANADIAN NURSES' ASSOCIATION

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THE CANADIAN NURSE

L'Infirmière Canadienne

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MAY 1956

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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Between Ourselves

JUST 12 YEARS AFTER Saskatchewan entered confederation as an organized province a small group of forward-looking leaders of nursing sought and obtained official recognition for a brand new body, the Saskatchewan Registered Nurses Association. Incorporated in 1917, the S. R. N. A. has developed into a strong professional organization in which each of the present 2,900 members is given a feeling of being part of something vital and full of purpose. On their behalf, our guest editor, **Mary Tinnock MacKenzie**, extends hearty greetings to the nurses of Canada.

A native daughter of the province where she serves as president of the nurses' association, Miss MacKenzie early decided she was going to be a teacher. After a short teaching experience in the public schools, she entered St. Boniface School of Nursing. It was very natural that she should become a nursing arts instructor at St. Boniface following her graduation. When she had secured her certificate in teaching and supervision from the School of Nursing, University of Manitoba, she joined the teaching staff at St. Paul's Hospital, Saskatoon. For the past six years she has been clinical coordinator there. Off duty activities include a joy in gardening and reading.

* * *

This is the second year in which the Macmillan Company of Canada Limited has presented prizes to student nurses for the best descriptions of comprehensive nursing care. Eight faculty members in schools of nursing from V. G. H. in Halifax to V. G. H. in Vancouver gave thoughtful consideration to the entries. They awarded the first prize of $25. to **Sister Mary Ann Cecelia**, a second year student at St. Joseph's Hospital, Victoria. Her study of a child with laryngotracheo bronchitis is included here. The second prize of the same value was won by Miss Rita Ziehran, a senior student at University Hospital, Edmonton, Alta. Her article and three of those winning honorable mention will be published in successive issues. Students from Misericordia Hospital, Winnipeg — Lily Watanabe and Mary Dersco — won the two top places in honorable mention. Sister Mary Doris from St. Joseph's, Victoria, won third place. The article of Sister Mary Edmund of Hotel Dieu Hospital, Cornwall, Ont. that won fourth place was published in our November, 1955 issue.

Who will win first place and $25 for the article submitted during 1956? Send along your studies of comprehensive nursing care, student nurses!

* * *

With the 28th biennial convention only a matter of a few weeks away, pleasurable anticipation is mounting. An interesting account of the adventure-packed **history of Manitoba** appears in this issue. Next month there will be a story of the city of Winnipeg with particular reference to the University of Manitoba. This background information will serve to orient the lucky ones who are able to go to the convention.

If you have postponed pre-registering because of uncertainty regarding attendance, please complete the form that appears on the opposite page and send it in immediately to National Office. Remember to send a money order for your registration fee — $5.00 for graduate, $2.00 for students. **Pre-registration** is essential before you can apply to the Housing Committee for living accommodation at the convention. When you arrive at convention headquarters next month and go to the Registration Desk to pick up your reports and papers, you will be asked to produce both your pre-registration receipt and your current provincial registration card. The latter serves as a valuable identification piece on any occasion. It is particularly important to identify you at the convention.

We have been requested to give a ***special reminder to student nurses*** — **take your uniform** with you to Winnipeg. As noted in the Tentative Program last month, there is a special session for students only, on Tuesday morning, June 26. Every student is to wear her full school uniform for that occasion. It should add greatly to the interest of the session and will certainly rate pictorial recording so have your cameras loaded, girls.

Two years ago the practice of printing all committee reports in a pre-convention issue was discontinued. The folio of reports will be available to all those attending. Following the convention, the National Office staff will prepare an official record of business transacted, reports given, addresses and

(Please turn to page 331)

PRE-REGISTER FOR THE 28th BIENNIAL MEETING

THE CANADIAN NURSES' ASSOCIATION
UNIVERSITY OF MANITOBA, WINNIPEG
JUNE 25 - 29, 1956

Name .....

Address .....

Province in which registered .....Number.....

Active Member ..... Associate member .....

Classification (please insert check mark where applicable): Institutional .....

Private nursing ..... Public health ..... Industrial ..... Other .....
(specify)

Staff ..... Supervision ..... Teaching ..... Administration .....

When you have completed this form, please:

1. Send it to

CANADIAN NURSES' ASSOCIATION
270 LAURIER AVENUE WEST
OTTAWA, CANADA

2. Enclose registration fee of five dollars ($5.00) — fifteen cents exchange if submitted by cheque.

You will then receive:

1. A receipt for registration fee.
2. Card to be presented at Registration Desk at Convention.
3. Identification certificate for convention rail rate if required.
4. Application card for accommodation.

STUDENT NURSES

Name .....

Name of School of Nursing .....

Address .....

Please return form with registration fee $2.00 — .15 cents exchange rate on cheques.

A badge and program will be issued to each one at Registration Desk at the Convention giving admittance to all sessions for the period of the Convention.

Note: Graduate nurses must present proof of registration or associate membership with a Provincial Nurses' Association at the Registration Desk.

INSCRIPTION ANTÉRIEURE AU 28e CONGRÈS BIENNAL

L'ASSOCIATION DES INFIRMIÈRES CANADIENNES
UNIVERSITÉ DU MANITOBA, WINNIPEG
25 - 29 JUIN, 1956

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Adresse .....

Enregistrée dans la province .....Numéro .....

Membre active ..... Membre associée .....

Classification (Veuillez inscrire une marque à la place appropriée) :

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Service général ..... Surveillance ..... Institutrice .....

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OTTAWA, CANADA

Vous recevrez :

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2. Carte qui doit être présentée au bureau d'enregistrement au Congrès.
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Note: Preuve de votre inscription ou carte de membre associée avec une association provinciale d'infirmières enregistrées sera requise au bureau d'enregistrement au Congrès. Un insigne et un programme vous seront fournis au bureau vous permettant d'assister à toutes les séances du Congrès.

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Winnipeg

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A Canadian Pacific HOTEL

New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

ANALEPTONE ELIXIR

Manufacturer—Reed & Carnrick, Division of Supreme Drug Ltd., Toronto 13, Ont.

Description—Each 4 cc. contains: Metrazol 200 mg., niacin 100 mg., peptenzyme elixir q.s., alcohol 16% by volume.

Indications—Functional memory defects, mental confusion, mild behavioral disorders, irritability, antisocial attitudes, and dizzy spells, particularly in the aged, when due to cerebral hypoxia.

Administration—One-half to one teaspoonful 1 to 3 times daily. Contraindicated in convulsive conditions, epilepsy, chorea.

BUTISERPINE

Manufacturer—McNeil Laboratories, Philadelphia; Can. Dist. — Van Zant & Co. Ltd., Toronto, Ont.

Description—Each yellow scored tablet represents: Butisol sodium (sodium 5-ethyl-5 sec. butyl barbiturate) 15 mg., reserpine 0.1 mg.

Indications—Mild to moderate essential hypertension and in conjuction with more potent hypotensive agents in severe hypertension.

Administration—One to 4 tablets daily as required in doses of 1 tablet 3 or 4 times daily or 2 tablets twice daily.

CANDETTES

Manufacturer—Pfizer Canada Division of Pfizer Corporation, Montreal 9, Que.

Description—Each troche contains 50 units of bacitracin, 1000 units of polymyxin B and 5 mg. benzocaine.

Indications—Infections of the mouth and throat.

COLISAL-H

Manufacturer—Charles E. Frosst & Co., Montreal.

Description—Each capsule contains: Colisone (prednisone) 0.75 mg., acetylsalicylic acid 375. mg., vitamin C 25 mg., methylhyoscine bromide 1.25 mg.

Indications—Rheumatoid arthritis. Treatment may be started with colisal-H instead of colisone, except in severe cases when colisone may be given initially followed by colisal-H for maintenance.

Administration—One or two capsules immediately before meals and at bedtime.

DICURIN PROCAINE SOLUTION

Manufacturer—Eli Lilly and Company (Canada) Limited, Toronto 13, Ontario.

Description—Each cc. contains: Merethoxylline (as the procaine salt) 0.1 gm. (equivalent to 39.3 mg. mercury and 45 mg. procaine base); theophylline, anhydrous 0.05 gm. Contains 0.5 per cent chlorobutanol (chloroform derivative) as a preservative.

Indications—A well-tolerated mercurial diuretic which is useful in the prevention and control of excessive fluid accumulation in the body.

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2. Paroxysmal nocturnal dyspnea (difficult breathing which comes on suddenly at night).

Also may be beneficial in the treatment of:

3. Cirrhosis of the liver.
4. Nephrotic edema.

Administration—0.5 cc. to 2 cc. per dose as required by the patient. May be administered subcutaneously (deep), intramuscularly, or, in an emergency, slowly by the intravenous route.

V-CILLIN

Manufacturer—Eli Lilly and Company (Canada) Limited, Toronto 13, Ontario.

Description—The acid form of penicillin V, is a new penicillin which exhibits a high degree of stability in the presence of gastric acidity. Because of this characteristic, antibiotic loss in the stomach, normally anticipated with penicillin G, does not occur. Blood levels ranging from 50 to 100 per cent higher than those obtainable with comparable oral doses of penicillin G have been demonstrated clinically.

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Administration—Usually 1 or 2 pulvules 3 times daily. Each pulvule (125 mg.) is equivalent to appproximately 200,000 units of penicillin.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

UNIVERSITY OF MANITOBA

COURSES FOR GRADUATE NURSES

The following one-year certificate courses are offered:

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2. **Teaching and Supervision in Schools of Nursing.**

For information apply to:

Director
School of Nursing Education
University of Manitoba
Winnipeg, Man.

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The Hospital for Mental Diseases, Brandon, Manitoba, offers a 6-month Diploma Course in Psychiatric Nursing to Registered Nurses.

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For further information apply:

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Brandon, Manitoba.

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Length: 3 years

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III. Certificate Courses for Graduate Nurses

Length: 1 year

Hospital Nursing Service
Nursing Education
Public Health Nursing
Public Health Nursing Administration.

For Calendar and Information Concerning Bursaries and Scholarships apply to:

The Secretary
UNIVERSITY OF TORONTO
SCHOOL OF NURSING
Toronto 5 Ontario

McMASTER UNIVERSITY

School of Nursing

1956-1957

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II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES

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For additional information, write to:

School of Nursing, Hamilton College,
McMaster University, Hamilton, Ontario.

FIORINAL

Manufacturer—Sandoz Pharmaceuticals, Division of Sandoz (Canada) Ltd., Montreal.
Description—Each tablet contains: Sandoptal NNR 50 mg., caffeine 40 mg., acetylsalicylic acid 200 mg., phenacetin 130 mg.
Indications—Tension headaches.
Administration—Two tablets at the first sign of a tension headache, followed if necessary, by 1 or 2 tablets at half-hour intervals up to a maximum of 6 tablets daily.
Children—One to 3 tablets daily according to age.

HEMO COAVIT

Manufacturer—Corporation Pharmaceutique, Française Ltée., Montreal.
Description—Tablets: Vitamin C 50 mg., hesperidine methyl chalcone 25 mg., rutin 25 mg., esculine 2 mg., vitamin K (menadione sodium bisulphite) 5 mg. Also available in injectable form.
Indications—Capillary hemorrhages — prevention and treatment.
Administration—Orally, 4 to 8 tablets daily; parenterally, one vial daily in the desired dilution, by hypodermic, intramuscular or intravenous injection.

JUVALIN

Manufacturer—British Drug Houses (Canada) Ltd., Toronto, Ont.
Description—Each two capsules provides: Ethinyloestradiol 0.02 mg., methyltestosterone 6 mg., thyroid 8 mg., ascorbic acid 50 mg., quercetin 10 mg., thiamine mononitrate 2 mg., riboflavin 2 mg., niacinamide 20 mg., pyridoxine HCl 1 mg., vitamin B_{12} amorphous 3 mcgm., choline bitartrate 250 mg.
Indications—For use in preventive geriatric medicine.
Administration—Average dose is 2 capsules daily.

SIGMAGEN

Manufacturer—Schering Corporation Limited, Montreal, P.Q.
Description—Each tablet contains 0.75 mg. of prednisone (meticorten), 325 mg. of acetylsalicylic acid, 20 mg. of ascorbic acid, and 75 mg. of aluminum hydroxide.
Indications—In the treatment of mild cases of rheumatoid arthritis or spondylitis, subacute or interval gout, bursitis, myositis, synovitis, fibrositis, and neuritis.
Administration—Acute conditions: Two, or when necessary, three sigmagen tablets four times daily, until a satisfactory result is obtained (generally within 7 or 10 days), after which the dosage is reduced to 1 or 2 tablets every other day and then discontinued.

SCHOOL for GRADUATE NURSES

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Two-year program for graduate nurses holding McGill Senior Matriculation (or its equivalent) or three-year program for candidates holding McGill Junior Matriculation. Students may elect to do the major part of their work in one of the following areas:

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Administration in Hospitals & Schools of Nursing
Supervision & Administration in Public Health Nursing

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Candidates who possess McGill Junior or Senior Matriculation or equivalents may be granted a diploma at the completion of one year of study in the School. Candidates working for a diploma may elect to study Public Health Nursing or Teaching and Supervision in any one of the above clinical areas.

For further information write to:

Director, McGill School for Graduate Nurses,
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NEO-TENSOL

Manufacturer—E. B. Shuttleworth Limited, Toronto, Ont.
Description—Each capsule contains: Inositol hexanitrate 10 mg., reserpine crystalline 0.1 mg., mephobarbital 15 mg.
Indications—Hypertension, mild to moderate.
Administration—One capsule 3 or 4 times daily as directed by physician.

TARCORTIN CREAM

Manufacturer—Reed & Carnrick, Division of Supreme Drug Ltd., Toronto 13, Ont.
Description—Special crude coal tar extract 5.0%, hydrocortisone 0.5% in hydrophilic base.
Indications—Sub-acute and chronic eczemas — psoriasis, seborrhea, nummular eczema, atopic dermatitis, perianal and perigenital pruritus and dermatitis, and other conditions amenable to hydrocortisone or tar.
Administration—Apply 3 or 4 times daily to the affected area.

(Continued from page 324)

panels presented. Post-convention-wise, the *Journal* will carry a day-by-day account of convention activity in the August issue; the Presidential address, and the Keynote address will appear in September. As is customary, the Mary Agnes Snively Memorial Lecture is scheduled for October, together with Dr. Adelaide Sinclair's address. In the November number we will present the paper given by Miss Margaret Arnstein during the Nursing Service program and the one given by Miss Mildred Schwier at the Nursing Education session.

We cannot all go to Winnipeg, of course. The next best thing to being there yourself is to read about it all in your own copy of *The Canadian Nurse*.

UNIVERSITY OF BRITISH COLUMBIA

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1. ***Leading to the Degree of Bachelor of Science in Nursing (B.S.N.):***
An integrated programme which includes preparation for staff positions in public health nursing as well as the fundamentals of teaching, supervision and administration and their application to clinical nursing. Students are required to select one advanced clinical nursing course—i.e., Medical-Surgical, Obstetric, Pediatric, or Psychiatric Nursing.

   Students with an appropriate Senior Matriculation can complete the Course in approximately two years. Those with Junior Matriculation require approximately three years.

2. ***Leading to a Diploma in Public Health Nursing:***
A ten-month course which prepares for staff positions in public health nursing.

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A ten-month course which prepares for hospital positions that entail teaching, supervisory and administrative activities. Students are required to select one of the advanced clinical nursing courses listed above.

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For further information write to the

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER 8, BRITISH COLUMBIA.

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for

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Superintendent of Nurses
Nova Scotia Hospital
Drawer 350
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For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleeen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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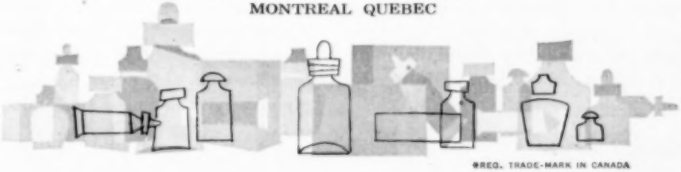

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THE CANADIAN NURSE

L'Infirmière Canadienne

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Service, Responsibility, Nurture, Action

ON THIS, THE FIRST OCCASION when two provinces are sharing the honor of acting as hostesses at a CNA biennial meeting, it is my privilege and pleasure to send a message to the nurses of Canada.

To the nurses of Saskatchewan, the name "Saskatchewan Registered Nurses' Association" has special meaning and implication. Each word suggests a special message.

"Saskatchewan"* — an Indian word meaning "swift current," implies service. The name of our province comes from this river, whose source is high in the Rockies. Beginning as a very small stream, it gathers to it the waters from its feeding streams until it becomes a mighty river — a source of valuable service to mankind.

Our provincial association also began in a small way. From a very meager beginning as a recognized professional association in 1917, with a membership of 317 registered nurses, we have grown to an active membership in 1955 of 2921. This body of nurses, working in widely varied fields of activity, participate vigorously in the health services to the people of our province.

"Registered" — this provides legal recognition of status. With registration comes added responsibility. Dur-

*The Cree word — Kisiskatchewan

MARY T. MACKENZIE

ing the 1953-1957 quadrennial period, between ICN congresses, this has been emphasized, since "responsibility" has been selected as our watchword.

"Nurses" — The word "nurse" means "to nurture." The nurse must evidence at all times her readiness to serve all members of the community, regardless of race, color or creed. Her ever-present concern must be for the health and welfare of *all* those whom she is privileged to serve.

"Association" — This is defined as a group of people organized for a specific purpose. A nursing association is organized in the interest of nursing and health services generally. This implies action, progress. One can but look at the growth and development of our association in the past 39 years to realize that "activity" and "action" are key words in the life of our members, and thus of our Association.

We realize that "service," "responsibility," "nurture" and "action" are all a part of the lifeblood of nurses and nursing across Canada. The heart of Canadian nursing will be centred in Winnipeg as we gather at the CNA biennial meeting, June 25 to 29. Here our efforts will be renewed to strengthen our associations both nationally and provincially.

Program activities that have been planned forecast important possibilities for future action. We will not forget that our primary function is "to nurture" and we will be prepared to accept our responsibility, both as nurses and citizens of Canada, for our part in the health and welfare program of the community as we plan how nursing can better serve the nation.

MARY T. MACKENZIE
President
Saskatchewan Registered Nurses' Association

Are You Hoping to go to Rome?

The Canadian Nurses' Association is pleased to announce the appointment of Thos. Cook & Son as the travel agents who will make arrangements for members planning to attend the Congress of the International Council of Nurses in Rome in 1957. Mrs. Grace Arliss of Thos. Cook & Son will be available in Winnipeg during the forthcoming CNA convention for any preliminary discussions.

Because of the limitation of space in the Congress auditorium, each member country has been assigned a quota — for Canada, approximately 250. This number has been apportioned out among the provincial nurses' associations on the basis of their total membership. It has been necessary to set an arbitrary time limit on the filing of applications under this quota system. ***The list closes in September, 1956.***

Nurses who are interested in attending the Congress should apply quickly to the Canadian Nurses' Association, 270 Laurier Ave. West, Ottawa, Ontario. Speedy filing of applications will facilitate beginning to plan for travel arrangements with Thos. Cook & Son. Those nurses who are unable to consult Mrs. Arliss in Winnipeg will find the addresses of Thos. Cook & Son agencies listed on page 391.

First a man learns to talk. After many years he learns to keep still.

Reputation can be purchased for a price, but there is no price tag on character.

Historic Manitoba

FROM THE RICH GRAINLANDS and pleasant valleys of the south and west to the northern wilderness of forests and lakes, Manitoba offers the visitor striking contrasts in scenery and holiday recreations. It also provides much of interest for the historic-minded tourist, for many relics and monuments of its colorful past remain.

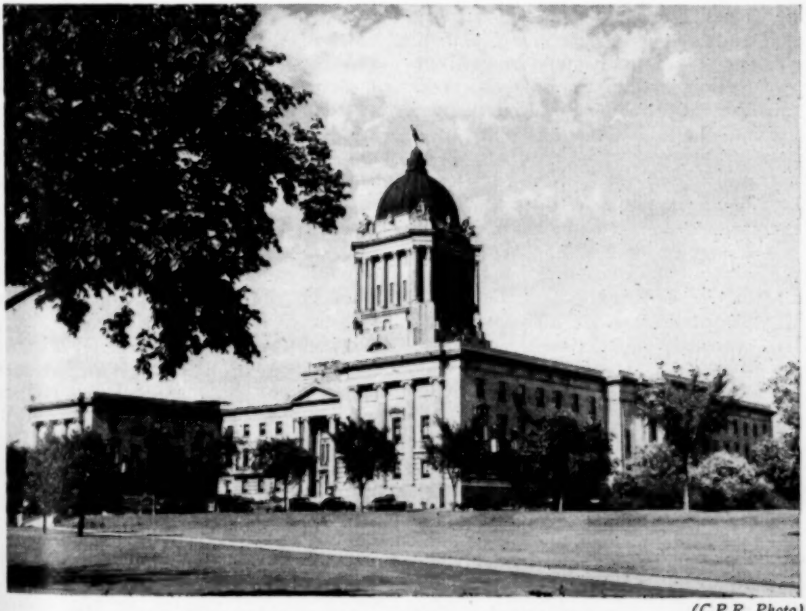
Manitoba's history was made by explorers and missionaries, fur-traders and settlers; men fascinated by the mystery of the undiscovered land, or intent on establishing homes in the new country; and others, spurred on by a vision of riches, or dedicated to the founding of a Christian community in the wilderness.

The first of the early explorers to reach the waters of far northern Manitoba was the English sea captain, Henry Hudson. Turned adrift by his mutinous crew, he died off the rocky coastline of the great bay that bears his name.

To a Welshman, Sir Thomas Button, goes the credit of having been the first white man to set foot on what is now Manitoba soil. In 1612, he sailed along the western shore of Hudson's Bay and wintered at the mouth of the Nelson River. It was Button who took possession of the country in the name of the King of England, thus giving Manitoba the distinction of having been under one flag longer, second only to Newfoundland, than any other place on the North American continent.

In 1670 King Charles II granted a charter to "The Governor and Company of Adventurers Trading into Hudson's Bay" and the cornerstone of a vast trading empire was laid. The Hudson's Bay Company established forts in the far north, to which the Indians brought their furs. Of this early period in the province's history, the ruins of Fort Prince of Wales may still be seen at Eskimo Point, Churchill, on Hudson's Bay. This ancient fort was captured by a French sea force in 1782 and partially demolished. Sections of the 42-foot-thick walls still remain, while spiked and dismantled guns lie rusting on the ramparts.

The first white man known to have seen the prairies was Henry Kelsey,



(C.P.R. Photo)

Provincial Legislative Building, Winnipeg

a Hudson's Bay Company trader and explorer. Between 1690 and 1692, this adventuresome wanderer, who kept an account of his journeys in rhyming verse, pushed inland from the Bay to eastern Saskatchewan, travelling via what is now The Pas in northern Manitoba. In that town may be seen a cairn commemorating his achievements.

Almost half a century later, other white men reached the west by travelling inland over the long water route from Montreal. In 1738 a group under Pierre Gaultier de la Verendrye built a fort at the junction of the Red and Assiniboine Rivers. Fort Rouge was thus the first building on the site of the future city of Winnipeg.

Several cairns in the province honor La Verendrye and his sons, for the group pressed far westward, some say to the foothills of the Rocky Mountains, as well as into North Dakota. They also established a number of forts in Manitoba. Cairns may be seen at Morden in southern Manitoba; at Portage la Prairie, where Fort La Reine was built in 1739; at Windygate Road, on Highway No. 3; and at Winnipegosis, site of Fort Dauphin. Meanwhile, in a small park in St. Boniface, a magnificent life-size group in bronze commemorates the intrepid and tireless explorer.

Later, other fur-traders from Montreal followed La Verendrye's route into the western interior. It took them beyond the Lake of the Woods, up the wild waters of the Winnipeg River, cutting through the northern section of what is now the Whiteshell Forest Reserve, and into long, shallow Lake Winnipeg. From here they crossed to the Saskatchewan River and on to such posts as Cumberland House on the Saskatchewan, Ile à la Crosse on the Churchill and distant Fort Chipewyan on Lake Athabaska. These men were traders and voyageurs of the North West Company, rivals to the Hudson's Bay men. No trace remains of the forts they erected in Manitoba but the approximate sites of three are now marked. The first and second Fort Gibraltars, near the forks of the Red and Assiniboine, are noted on a plaque inside the old Fort Garry gate in Winnipeg; and at Morden a cairn overlooking a pretty lake stands near the site of Fort Pinancewaywining.

The first attempt to found a permanent settlement in Manitoba and to farm the rich prairie soil came in 1812. In that year the Scottish earl, Lord Selkirk, sent out his first group of colonists. Crofters and fisherfolk from the Highlands, they settled on the banks of the Red River, where Fort Douglas was built as headquarters of the colony. In spite of many disasters, including crop failures and floods, and in the face of the North West Company's hostility, the tiny settlement prospered and formed the nucleus of the present city.

A cairn in William Whyte Park opposite the C.P.R. station, not far from where Fort Douglas stood, honors Winnipeg's Scottish founders. Late in 1955, a monument to Lord Selkirk was unveiled on Memorial Boulevard, while in a small park on Main Street the Seven Oaks monument marks the spot where Governor Robert Semple and 20 settlers were massacred by a group of Metis, at the instigation of the Nor' Westers.

As a reminder of the old fur-trading days, Manitoba is fortunate in possessing what is probably the only stone fort, still intact and in good condition, to be found anywhere on the continent. This is Lower Fort Garry, 19 miles north of Winnipeg on Highway No. 1. The fort, built in 1831, was used for a short time as official headquarters of the Hudson's Bay Company. In Winnipeg, meanwhile, the gateway to Upper Fort Garry still stands, all that remains of the establishment from which the Company ruled the west.

The regime of the Company ended in 1869 and the year following, Manitoba became a Canadian province. Between the two events occurred the Red River uprising, when the Metis resisted the territory's transfer without the consent of its inhabitants. Under Louis Riel, a provisional government was set up. Then on July 15, 1870, Manitoba formally became part of the Dominion and in August a military force under Sir Garnet Wolsey reached Red River from the east.

Riel, who was later hanged for his part in the North West Rebellion, is buried beside St. Boniface Basilica, where a shaft marks the last resting place of the man remembered vari-

ously as a traitor and a patriot.

Winnipeg was incorporated as a city in 1873. Five years later, a railway went through from St. Boniface to the U. S. border. With the completion of the C.P.R. line in 1885, a tide of immigration flowed into the province and development was rapid.

Today, the visitor to Manitoba may pass from pretty, long-established farming centres, such as Deloraine and Wawanesa, where local museums or cairns recall the day of fur trade or early settlement, to the vast stretches of the relatively undiscovered northland. Here, in a country whose wealth in minerals and timber is as yet almost untapped, history is still in the making.

Starting from Scratch

KATHLEEN RUANE

The New University Hospital Organizes the Nursing Service Department

ON THE MORNING OF JANUARY 25, 1956, the patient census at the University Hospital at Saskatoon was 380, a year ago the census was zero. On January 26, 1955, the first patients crossed the threshold of this magnificent greystone building to experience the standard of medical and nursing care that modern techniques and equipment can provide. Many hundreds have followed those first few patients in the intervening months. All manner of personnel are going about their work with an air of purpose and familiarity with their surroundings. Problems known in other days and in other hospitals nudge one's elbow and it is hard to realize that the hospital is a mere fledgling from the standpoint of time.

Although careful planning and organizing had been taking place for some months before "admission day," the sensations experienced by the nursing staff were, I imagine, similar to those of a cast in an important play before opening night. A few days before the patients were to be admitted a group of nurses was in the Nursing Office discussing last minute preparations when one member, recalling her classes in Civil Defence, suggested a "test run" for 24 hours with nurses playing the role of patients. By this means, it was agreed, we would discover whether or not the bright new pieces of equipment were functioning properly and if the policies and techniques were sound and practicable. When other departments such as admitting, pharmacy, dietary, laboratory, etc., were asked if they would like to participate in the rehearsal, their response was most enthusiastic. The medical staff cooperated by leaving fantastically long lists of orders. Obviously our bogus patients were very

M. KATHLEEN RUANE

Miss Ruane is director of nursing of University Hospital, Saskatoon, Sask.

ill and only complicated tests could establish a diagnosis and many treatments effect a cure! It was necessary to send one patient to the operating room. As anticipated the "test run" did reveal some minor weaknesses in routines and that a few pieces of equipment were missing. But also it was heartening to find that, basically, the plan for nursing service had been sound.

What were some of the other steps in the planning? Walking through the long empty corridors in August, 1954, it was difficult to visualize them peopled with bustling nurses or to imagine the unfinished wards providing a comfortable environment for hundreds of patients with varying degrees of illness. But, at the desk and in committees, using the yardsticks recommended by the experts in the field of nursing, we were able to calculate the number and kinds of personnel required in all the nursing departments. Yet, we could not take these recommendations *in toto* and apply them to our situation. Attention had to be given to the scope and function of other departments, to the general standard of care to be established, to the nursing resources of the community, and to the concept of nursing organization within the nursing population.

Another factor influencing our deliberations on staffing requirements was that all student nurses appearing on the wards would be novices in the practice of nursing and there would be no senior students! The University Hospital was unique in the annals of hospital construction in that its completion ushered into being a new school of nursing and in formulating the program for student nurse education, the combined Boards of Directors of the University of Saskatchewan and the University Hospital established the policy whereby nursing education would be separated from nursing service. The University School of Nursing would plan and administer the curriculum and direct the rotation of the students through the clinical services.

Early in September, 1954, four key nurses were appointed, namely, the operating room supervisor, central supply service supervisor, nursing arts instructor and the supervisor of the surgical service. In November, an assistant director of nursing service and a head nurse for the medical and surgical stations, respectively, were added to the staff. As a further course of action, three committees were formed.

1. *Committee on Nursing Procedures:* The purpose of this committee was to draw up and compile in a Procedure Book a list of procedures acceptable both to the school of nursing and the nursing service. The chairman was the nursing arts instructor who met with her committee every week. Outlines of procedures to be discussed would be circulated to the members a week in advance so that they would come prepared to make revisions if necessary. At all times the group was mindful of the principles of work simplification and the need for standardization wherever feasible. After the procedures were approved by the nursing committee, they were processed through a medical committee for comment. Our Procedure Book has been under constant revision since the hospital opened. That is not disappointing for we had met with the understanding that, though the procedure appeared to be the most sound, simple and practical ever devised, only application in our situation would prove it possessed all these qualities.

2. *Committee on Equipment for the Nursing Department:* The purpose of this committee was what the name implies. The chairman was the central supply service supervisor who prepared detailed lists of supplies and equipment which were scrutinized closely for possible omissions. In spite of checking and rechecking some of us harbored a secret fear lest a simple but vital piece of equipment, such as a glass connector, would be forgotten.

3. *Committee on Nursing Service Organization:* This was an all-embracing one and was concerned not only with the function of nursing service in general but also with how the service would coordinate its activities with all the other departments. The committee, therefore, had three objectives:

(a) Devise a handbook on hospital policies and routines, assemble all records and requisitions affecting the nursing department.

(b) Plan a pattern of nursing staff organization for all nursing departments, this to include number and type of personnel together with job descriptions.

(c) Formulate personnel policies for the nursing staff; plan and implement an in-service education program.

The chairman of this committee was the director of nursing and three subcommittees were set up to deal with the objectives outlined above. The conveners of the sub-committees were selected from the existing staff on the basis of their preparation and expressed interest. Again, meetings were held each week; if the data on the agenda affected other departments, representatives were invited to attend so that we might arrive at a mutually acceptable working arrangement.

Herman Finer has written regarding nursing administration:

> We are faced in hospitals with a number of diverse departments — x-ray, pharmacy, laundry, maintenance, laboratory, dietary, admission and purchasing — all of which must be brought together by the nurse. In the necessity for coordination, to secure the best possible focus of service, the right proportion, the right timing of all these various services, the nurse plays the part of focus and funnel and channel, an applier to the particular imperative — that particular patient.

During those early months we were to learn that Finer "knew well of what he spoke."

I will dwell no longer on the intricacies of planning but, before moving on to other fields, I would like to pause here to pay a word of tribute and acknowledgment to those pioneering stalwarts without whose enthusiastic initiative the emergence of a well organized nursing service would not have been possible.

Needless to say the University Hospital boasts the most modern features in hospital construction and so, naturally, the adoption of modern methods and a recognition of newer trends was the keynote of our endeavors. In an age when a universal shortage of registered nurses existed, traditional patterns of nursing in terms of groupings and numbers would not appear to meet our staffing needs. Auxiliary personnel consisting of nursing assistants, ward aides and orderlies, would of necessity comprise a substantial proportion of the nursing staff. The team concept of nursing organization was instituted with student nurses,

The team leader, second from the right, discusses nursing care plans with her team members who are, left to right, a ward aide, nursing assistant and a student nurse.

nursing assistants and aides as members of the team. In certain areas where student nurses would not be available, a reallocation of duties revealed that a ratio of 1:1 professional to non-professional personnel would provide safe and good patient care.

At the time of writing, plans are being made for the introduction of nursing assistants into the operating rooms, there to be trained as surgical technicians. The selection of the nursing assistant for this role in preference to a person without previous hospital experience is based on the premise that the former already has had some instruction in the fundamentals of asepsis and bacteriology, and would be more readily oriented to the department. As on the wards, the technician will work under the direction of a registered nurse in the performance of duties which do not require professional skill and preparation.

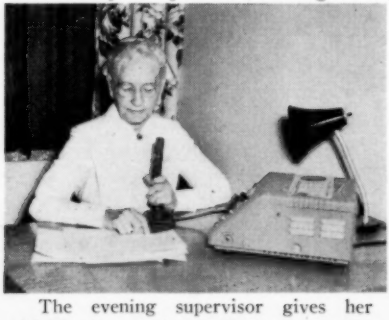
Some cherished dreams of an earlier day were realized. Now the housekeeping department cooperates in performing *all* the housekeeping duties and no longer does a member of the nursing staff "carbolize" and make up the bed and clean the room after a patient is discharged. The dietary department serves the meal trays to the patients and returns the used trays to the kitchen.

We have a communications system which is effective yet economical of time and which eliminates the practice of written reports from the supervisors to the nursing office. Now the assistant director "makes rounds" of all the nursing stations and departments about 3:00 p.m. and reports the state of the hospital — that is, the number of critically ill patients, emergencies, special nurses called and for whom, staffing needs and adjustments, administrative problems and changes in routine affecting staff — on the tape recorder in the nursing office. The evening supervisor listens to this report when she comes on duty and later gives her 12 midnight report on the recorder. The night supervisor, on taking over her tour of duty, "runs off" the tape recorder and is made familiar with the day as well as the evening report. This system has many advantages:

1. It takes less time than written reports.
2. It is more accurate than repeated verbal reports.
3. There is no overlapping or delay at the end of a tour of duty. One supervisor does not have to wait until the end of a shift to give a verbal report to the relieving supervisor. The relieving supervisor does not have to wait for her counterpart to finish last minute details before hearing the report.
4. Each day supervisor comes to the Nursing Office when it is convenient for her and listens to the report on the tape recorder for the previous 24 hours.

A very brief written report from each station containing patient census, admissions, discharges, a description of critically ill patients or unusual occurrences, is received in the nursing office at the end of each shift for statistical purposes. A carbon copy is retained on the station. At the present time we are not convinced that a tape recorder, which costs approximately $435, is an economical installation to have on each nursing station but, no doubt, a satisfactory routine could be developed. At present the kardex is referred to when giving the verbal report from one tour of duty to another.

In order to secure nursing staff for the new hospital, it was necessary to recruit registered nurses not only from various parts of Canada but from other countries of the Commonwealth. One of the challenging problems of the nursing department was to bring these nurses, plus auxiliary personnel, together and direct their energies toward a common objective — that of good and safe care of the patient — with a maximum of efficiency and a minimum of confusion.



The evening supervisor gives her 12:00 m.n. report onto the tape recorder.

As was mentioned earlier a subcommittee had been formed to plan an orientation program. The convener of the committee was the assistant director of nursing service and her subsequent responsibility has been the implementation of the program with representatives from the various departments participating where necessary. New staff members are enrolled according to categories in groups of six to ten on specified dates of the month. They are made familiar with the general policies of the institution, the conditions of employment, the routines of the departments to which they are assigned. They are introduced to the people with whom they will work, to the prevailing nursing procedures and instructed on the "team plan" of patient assignment.

The University Hospital Ward Manual and the Nursing Procedure Book are the texts for the orientation program and there is an adjustment in emphasis, content and length of time in the presentation of the material to the different categories of personnel.

Over 400 beds are now available to patients but there still remains an area of approximately 100 beds to be activated. The University Hospital has come through its first year of existence without major complications and bids fair to enjoy a busy, interesting and very long life. Those of us who helped to guide the first steps of infancy look with great expectations to its maturity.

Un Enfant est Né Trop Tôt

ROBERT SAINT-MARTIN, M.D.

LA VIE, pour la plupart d'entre nous, a commencé neuf mois avant la date figurant dans notre certificat de naissance. Ce délai de neuf mois est nécessaire pour permettre à l'organisme de se développer et de vivre hors du sein maternel. Mais les êtres qui naissent avant ce délai sont-ils pour autant condamnés à mourir ou à rester irrémédiablement des êtres faibles et déficients? Qu'on se rassure: à notre époque de progrès techniques, l'enfant né prématurément a beaucoup plus de chances qu'autrefois de se développer normalement et de devenir, lui aussi, un être vigoureux et sain.

Ces enfants, en effet, par suite de leur extrême immaturité et de leur très grande fragilité, nécessitent un isolement absolu dans des locaux autonomes, un personnel spécialisé, formant une équipe homogène et disciplinée, enfin des techniques, méthodiquement réglées, de réchauffement, d'oxygénation et de diététique, pratiquées avec une aseptie rigoureuse.

Pour donner une idée générale de ces techniques, nous allons suivre, étape par étape, le séjour d'un prématuré dans le service des prématurés à l'Hôpital Sainte-Justine.

Marie-José est née le 12 octobre, prématurée de 28 semaines, d'une mère de 20 ans. A sa naissance, elle pesait une livre et quinze onces. L'enfant a crié immédiatement et n'a pas eu besoin d'être ranimée. Elle est restée vingt minutes à la maison où elle est née, puis transportée, par ambulance spéciale dans un incubateur portatif pourvu d'un dispositif réchauffant et d'une bouteille d'oxygène, au centre des prématurés de l'Hôpital Sainte-Justine.

A son arrivée, Marie-José a été aussitôt replacée dans un incubateur (isolette) sous une concentration d'oxygène de 40 à 60% et reçut une injection de vitamine K. Dans ce dernier appareil, la température est maintenue au degré voulu; l'air filtré arrive mélangé d'oxygène, à la concentration désirée; un certain taux d'humidité est maintenu entre 60 et 90%, enfin le vitrage de l'appareil permet une surveillance constante.

Nous avons cherché à stabiliser la température de l'enfant aux environs de 96° durant tout la premier mois. Elle n'a reçu aucune alimentation pen-

Docteur Saint-Martin est chargé du Service des Prématurés, Hôpital Sainte-Justine, Montréal, Qué.

dant les quatre premiers jours: la respiration précaire, les oedèmes, le poids, avaient dicté cette ligne de conduite. Puis l'alimentation fut assurée à la sonde oesophagienne (eau sucrée, puis lait écrémé acidifié).

Au point de vue thérapeutique en dehors de la vitaminothérapie (K le premier jour, A B C et D par la suite) l'enfant a reçu 5 à 6 gouttes de cognac par jour pendant les deux premières semaines, comme stimulant respiratoire. Enfin une solution de lactate Ringer à partir du troisième jour, et une transfusion au dixième jour.

Le poids de l'enfant de une livre et quinze onces le premier jour, était de une livre et onze onces le 10e jour; de une livre et quinze onces (reprise du poids de naissance) le 21e jour; de deux livres et deux onces le 25e jour; de trois livres le 50e jour.

L'état de l'enfant a été très précaire pendant les dix premiers jours de sa vie du fait de l'atélectasie pulmonaire manifeste: respiration superficielle, thorax creusé en entonnoir à la fin de chaque expiration, apparition de cyanose dès que l'oxygène était diminué. Cependant aucun trouble grave (infection, vomissements, diarrhée) n'est venu interrompre la croissance. Peu à peu, tout est rentré dans l'ordre; l'aspect foetal avait disparu après deux semaines. L'enfant va remarquablement bien, est vigoureuse, et boit seule maintenant. Nous avons cessé l'oxygénothérapie et les yeux sont normaux.

Les naissances prématurées ne sont pas rares: on en compte environ un sur douze naissances à terme. Vu qu'à Montréal, une naissance prématurée sur quatre se produit à la maison ou dans une maternité, l'Hôpital Sainte-Justine a créé un centre spécialisé pour l'élevage des plus petits prématurés, c'est-à-dire, de ceux pesant moins de cinq livres, la plupart moins de quatre livres.

S'il est vrai que, pour organiser un tel centre, il faut procéder à certains aménagements indispensables, disposer d'un équipement minimum, il faut surtout pouvoir compter sur une équipe de personnel qualifié et spécialisé.

"Une bonne infirmière," notait Clément Smith, "fait preuve d'une dextérité presque merveilleuse en soignant ses jeunes patients. Elle sait quels enfants exigent relativement peu de soins et quels sont ceux qu'il faut veiller et stimuler presque continuellement. Souvent, elle se rend compte, avant le médecin, qu'un enfant ne va pas bien; elle fait preuve alors de beaucoup de doigté pour que le médecin puisse s'en rendre compte par lui-même. Ses qualités sont un mélange d'amour pour son travail, d'expérience et d'observation. Sa formation prend du temps, mais en vaut la peine."

Institute on Communications

A two-day institute on "Communications" was held for the graduate staff nurses at St. Mary's Hospital, Montreal, on February 9 and 10, 1956. The subject related to the almost unending chain of interpersonal relationships in nursing.

The director of the institute was Miss Mildred Walker, nursing consultant, Occupational Health Division, Department of National Health and Welfare. Because of her marked interest in the subject and her long experience in the field of human relations, Miss Walker was well-equipped to stimulate thinking. The Sisters, members of the faculty, and graduate nurses, all participated in group discussions. These were conducted in the light of "communications" around problems which had been depicted previously at a staff meeting when Dr. Margaret Nix was the guest speaker. Reports were given by each recorder at the general meeting.

In her conferences, Miss Walker presented barriers and gateways to communication. These revolve around one's ability or inability to listen intelligently, understandingly, and skilfully to another person. To become objective and understand the other's point of view, hastens mutual communication and dropping of barriers. The final conference was based on the principles of good communication as prepared by the American Management Association.

The 80 nurses who attended were enthusiastic in their comments. All felt they had gained considerable insight which should prove of tremendous value in maintaining and improving their future relationships.

SISTER M. FELICITAS

Nurses: Their Education and Their Role in Health Programs

Note: What are the services of professional nurses in Canada today? What does the profession see in the years ahead? What changes are necessary in the future if nurses are to make an even greater contribution to the nation's health?

These questions are of vital concern to all Canadians. Many indications of the answers are to be found in the following summary statement of the Canadian Nurses' Association, prepared for the International Council of Nurses to be submitted at the Ninth World Health Assembly in 1956. This statement was assembled from facts and views presented by the CNA's 10 provincial nursing associations, representing some 40,000 registered nurses across Canada. It takes a look at today and a glimpse at tomorrow. Above all, it reflects the thoughtful forward-looking concern of the organized profession with the future of nursing in Canada.

* * *

What is the Present Role of Nurses?

BROADLY SPEAKING, the nurse aids in the conservation, restoration and promotion of the physical and mental health of the individual and the community.

Whom does she serve? The nurse gives service to:

Patients and their families in hospitals, clinics and homes.

School children and their parents within the school health programs.

Workers and their families within occupational health services.

Parents and their children in maternal and child health programs.

Communities in rural and urban public health services.

What does she do? She gives nursing care in all types of mental and physical illness, at home and in hospitals.

She assists with the rehabilitation of handicapped persons.

She assists with the maintenance of a healthful environment and the control of communicable diseases.

She teaches the principles and practice of the conservation and promotion of mental and physical health.

She administers and supervises all nursing service and participates in planning for health services.

She organizes, administers and participates in the education of professional and auxiliary nursing personnel.

She organizes, administers and participates in activities of professional nursing organizations. These activities include the promotion of legislation for the control of the practice of nursing; the establishment of requirements for registration and of standards of nursing education; and the advancement of the economic welfare of nurses.

What do Nurses see as Their Future Role?

Constantly evolving: The role of the nurse will continue to evolve with social changes, advances in medical practice, and developing health programs.

Leadership to increase: She will assume leadership in the development of nursing in all health services and particularly in the coordination of these services. She will give leadership and direction in the education and service of all nursing personnel.

Spirit and service unchanged: It is expected that the nurse will continue to give the same forms of nursing service as at present but with greater emphasis on her function in health teaching and rehabilitation.

Mental health: She will participate more effectively and to a greater extent in mental health programs and in the care of the mentally ill.

Maternal and child health: Her role will be broadened in developing maternal and child health programs and

particularly in the area of the normal growth and development of the child.

More research: She will increase her participation in research to determine the nursing needs of society and the most effective ways of meeting these needs.

Human dignity: In order to fulfil the role envisaged in the future for the nurse she will continue to bear in mind the value and dignity of the human individual.

What Changes in Conditions, Attitudes or Educational Facilities are Needed if Nurses are to Contribute Successfully to the Future of Canadian Health?

The Needs of Nursing Service

Social research: The nursing profession must be aware of the social forces that influence the type and extent of health care and nursing service needed by Canadians. It must be able to plan cooperatively with other health workers and the public in meeting the changing health needs of our society.

Nursing research: The functions of nursing must be evaluated. The levels of nursing personnel needed to carry out these functions must be established. The functions and responsibilities of each type of worker should be clearly stated.

Auxiliary personnel: Professional nurses must understand and appreciate the work of auxiliary nursing personnel. They must be prepared to delegate duties and provide leadership and supervision in order that a high quality of nursing service may be maintained as efficiently and economically as possible.

Public understanding: Allied professions and the public must be made aware of the services that each worker is prepared to give. This will enable governing boards and administrators of hospitals and other health agencies to create a situation where each worker can give the type of service for which she is best prepared.

Nurse consultants for government: There should be more nurse consultants in government to interpret the role of nursing in health services and to participate in planning health programs.

Administrative skills: Improved practices and procedures based on sound management principles should be established in the administration of all nursing services. These should include:

Provision of adequate numbers of prepared staff to give the quality and quantity of nursing services necessary to meet all the needs of the patient. This service should include the spiritual and emotional aspects of nursing and provide for health teaching and rehabilitation.

Orientation and in-service education programs to increase the interest and efficiency of nursing personnel.

Establishment of sound personnel policies. This includes pension plans and group health insurance to provide the economic security and job satisfaction necessary to attract and retain well qualified personnel.

Provision of adequate physical facilities and equipment to ensure the greatest efficiency and economy of nursing service.

Proper licensing: Legislation, preferably on a national basis, should be introduced to provide for the licensure of all who nurse for hire. The professional nurses' organizations should determine the requirements for licensure and control the practice and discipline of their own members.

Wider understanding of legislation: The public, nursing and allied professions, and legislators should be made aware of the purpose and advantage of such legislation, namely, the protection of the public against incompetent practitioners.

More home care: There should be further development of organized home care services by such methods as the extension of hospital facilities into the community, visiting nursing, and housekeeping services.

Nursing in health insurance: There should be provision for nursing benefits in prepaid medical plans, both in voluntary medical and hospital plans, and in government health insurance plans.

Coordination of health services: There should be coordination of all health services, to provide for continuity of care and to prevent over-

lapping or duplication of services.

Participation in planning: Nurses should be consulted when health services, health units and hospitals are being planned.

Research and pilot studies: There should be continuous research to determine nursing needs and resources and the most effective way of utilizing nursing personnel. Increased scientific knowledge in nursing should be continually promoted. Together with research, there should be an experimental approach to the improvement of nursing service including pilot studies and demonstration units.

Economic welfare: The professional nurses' organization of each province should be concerned with the economic and social welfare of its members. It should act as the bargaining agent for nurses with employers on matters pertaining to conditions of work. A counselling, guidance and placement service should be maintained.

Public relations: An effective public relations program is essential for the nursing profession, both internally and externally. Nurses must know and accept their responsibility in providing the quality of nursing service needed. A continuing flow of information should be designed to help create public understanding of nurses as a group capable of taking their part in planning and providing essential health services.

The Needs of Nursing Education

Education for service: The philosophy of nursing education must be re-examined and restated in the light of the nursing needs of society. Nursing personnel required to meet these needs must be determined, and effective curricula constructed to prepare such personnel.

Independent schools: The education of nurses should be placed within the general educational system with the same financial support as that afforded other professional education. Close association must remain with the hospitals and health agencies where clinical experience is provided, but schools of nursing should be educationally and financially independent.

Individual development: Basic nursing education should foster the development of a mature individual, able to work alone or with others in providing a high quality of nursing service and able to take her place on the health team in planning and coordinating health services.

Broader curriculum: Learning experiences and teaching methods should be designed to help the student develop skills in human relations, leadership and teaching. The student should be prepared to evaluate a situation and to be creative in solving problems. She should be prepared to employ good judgment in making decisions and to act in a purposeful manner.

Flexible curriculum: The curriculum should be flexible enough to permit adjustments to the needs of individual students. Teaching methods and learning experiences should focus attention on the patient. Every student should be given the opportunity and time to work constructively with her patients.

Integrated curriculum: The principles of mental health, nutrition and public health should be integrated throughout the basic curriculum.

Advanced graduate studies: If the quality of nursing service envisaged is to develop, the present registered nurse must be helped to acquire additional skills, understanding and knowledge. Educational programs should be further developed to meet the need of graduate nurses for advanced preparation. Bursaries, scholarships and fellowships should be available to enable nurses to take advantage of post-basic and postgraduate educational programs. Regional conferences, seminars, institutes and refresher courses should also be utilized.

Mental health understanding: To work effectively with people, sick and well, and to participate more effectively in the field of mental health, nurses must have a better understanding of human behavior and basic emotional needs. They must be able to recognize early symptoms of tension, fear and anxiety and to develop the necessary skills in helping people identify and evaluate their own problems. They must also be able to interpret mental health services available in the community.

Mental health specialization: Post-

basic educational programs for graduates of hospital schools of nursing are required if nurses are to achieve a better understanding of mental illness and their role in its prevention and in the treatment and rehabilitation of the mentally ill. These programs should be conducted under the supervision of recognized educational institutions and include satisfactory clinical experience.

Accreditation of schools: A national plan for the evaluation and accreditation of schools of nursing should be established under the jurisdiction of the professional nurses' organization.

Public education: An information program is needed to create greater public awareness of nursing as an essential public service requiring public support for its educational needs.

Convention Personality

Byrne Hope Sanders, C.B.E., who will deliver the Mary Agnes Snively Memorial Lecture at the June convention, is vice-president of Gruneau Research Limited of Toronto, Montreal and New York. She is a co-director with her brother, Wilfrid Sanders, of the Canadian Institute of Public Opinion (Gallup Poll).

(Paul Rockett)

BYRNE HOPE SANDERS

For many years Miss Sanders was editor of *Chatelaine* having been with that publication since its inception. She was called to Ottawa at the beginning of World War II, on loan to the Government, as director of the Consumer Branch, War Time Prices and Trade Board. For six years, while still retaining her association with *Chatelaine*, she organized and worked with the women of Canada in helping to achieve the remarkable success of the nation's price control policy. Sixteen thousand officers, all voluntary workers, worked with her Department throughout the war. She was honored when she was made a Commander of the Order of the British Empire for her valuable war services.

In 1951, Miss Sanders resigned as editor of *Chatelaine* to go into partnership in Market Research with her brother. In April, 1955 she became vice-president and director of Gruneau Research when the two research agencies merged.

As the only woman member of Canada's Dollar Sterling Trade Board Miss Sanders is one of a group of industrial executives, under the chairmanship of Mr. J. S. Duncan, President of the Massey Harris Company, who work with the Dollar Export Board of Great Britain in developing trade between the two countries.

One of Miss Sander's special concerns in her work with Gruneau is a panel of 5,500 Canadian home-makers who report each month on household purchases. This panel gives an accurate picture of Canadian buying habits in the home and is an important part of Canadian business life. She is the author of two books "Emily Murphy, Crusader" published by Macmillan's and, in cooperation with Miss Margaret Aitken, M.P., of "Hey Ma! I Did It," the story of Miss Aitken's election to the Federal House.

In private life she is Mrs. Frank Sperry. The Sperry's have a son and a daughter, aged 19 and 21 respectively.

You are growing old gracefully if you are beginning to realize that other people are right a good part of the time.

You can accomplish anything if you have patience. You can even carry water in a sieve — if you wait until it freezes.

NURSING SERVICE

A Child with Laryngotracheo Bronchitis

SISTER MARY ANN CECELIA, S.S.A.

JIMMY, AN INDIAN LAD of 2½ years suffering from acute laryngotracheo bronchitis, is the hero of this case study. His progress from an acutely ill boy to a well child fascinated me. The conviction that good nursing care played a most important part in his return to health was the primary factor influencing my choice of his case for my study. Furthermore, Jimmy afforded me my first practical experience in the care of a patient with a tracheotomy tube.

Because I was his special nurse for a short time during the acute stage I am confident that, in the future, I could efficiently and calmly help other children in similar distress. Yes, I owe much to Jimmy and it is a pleasant duty to write about him.

SOCIAL BACKGROUND

Environment: Little Jimmy's home was one in which the elements of sanitation and hygiene were not considered. He arrived at the hospital dirty and infected with pediculi. His parents did, however, satisfy his fundamental need to be loved and to feel secure. He was totally unspoiled by his home and social environment. Therefore, his personality was developing naturally and normally.

Race: Jimmy was a typical example of the Indian race, with his brown skin, coarse straight black hair, wide-set cheek bones and brown eyes.

Religion: With their Roman Catholic faith as a basis, Jimmy's parents knew their tremendous responsibility towards him so they had taken the fundamental steps to ensure his spiritual progress. It was interesting to note that whereas many children of the white race have little spiritually, but much physically, mentally, socially and emotionally, Jimmy's training was in reverse order.

MEDICAL BACKGROUND

Past Health: Jimmy was well until he had broncho-pneumonia when eight months old. This condition necessitated hospitalization. X-ray of the chest showed increased markings of both lungs. With antibiotic therapy (penicillin) his symptoms subsided within three weeks. Jimmy's general condition improved and he was discharged from hospital to continue his convalescence at home.

Present Illness: Jimmy had been suffering from respiratory embarrassment, croupy cough, hoarseness, and fever. The doctor diagnosed this acute respiratory infection as laryngo bronchitis.

LARYNGOTRACHEO BRONCHITIS

The characteristic lesion is an inflammatory edema of the subglottic tissue associated with inflammation of the larynx, trachea and bronchi. This condition presumably results from infection caused by the virus of the common cold. Hemolytic streptococci, influenza bacilli and pneumococci at times appear to be responsible, but frequently no bacteria other than those normally expected in the pharynx can be isolated. The disease appears to depend more upon the low resistance

Sister Mary Ann Cecelia is a second year student at St. Joseph's Hospital, Victoria, B.C. This study was awarded the first prize by the Macmillan Company of Canada Ltd., in the 1955 competition.

of the individual than upon the specific infecting agent. It is much more common in infancy and early childhood than at later ages. The reason for this is that the larynx in infancy differs in some respects from that of later childhood and adult life. The upper portion is relatively narrower laterally, the cartilages are softer, the walls are more readily compressible and the mucous membranes are said to be more vascular. These anatomical peculiarities render the infant's larynx susceptible to obstructive lesions.

It may be of interest to note that in a series of 297 cases of acute laryngotracheo bronchitis 70 per cent occurred in boys. Of the total number, 88 per cent were treated without tracheotomy and, by that criterion, might be classed as mild cases.

Signs and Symptoms

Common Symptoms

1. Hoarseness and a barking cough which may be hard and teasing, often worse at night.
2. Intense inflammatory edema of the respiratory passages, particularly of the subglottic tissues, producing obstruction of respiration.
3. The inflammatory exudate is a major cause of symptoms. It is so thick and viscous that it cannot be coughed up. The normal reflex for cough is stimulated by movement for foreign material in the respiratory tract. If the exudate is too thick to move, no cough occurs.
4. Respiratory obstruction may occur from accumulation of the exudate. A large bronchus may become plugged with exudate, resulting in atelectasis of the part of the lung supplied by that bronchus. Dyspnea and cyanosis result.
5. Struggle for air becomes ominous and unremitting. Tracheotomy may be lifesaving.

Jimmy's Symptoms

1. The first five days he had a severe nocturnal croupy cough which later developed during the day also.
2. There was marked respiratory embarrassment and hoarseness together with a croupy cough. His larynx was very edematous as seen by the difficulty experienced in passing the anesthetic tube through it for the tracheotomy.
3. In spite of Jimmy's harsh, croupy cough no exudate was coughed up because it was too thick and viscous.
4. The night of admission, the nurse noticed that, in spite of humidified oxygen therapy, the child's face was quite cyanotic, respirations were labored, harsh sounds were produced in inspiration. Jimmy was very restless. Both the edema and the accumulation of exudate were causing respiratory obstruction. During the bronchoscopy done the next day a large amount of bloody mucous was aspirated.
5. The severity of our little patient's respiratory distress, increasing dyspnea, restlessness, and pulse rate indicated a progressive obstruction to the airway, clearly calling for a tracheotomy.

Mental Aspect of Hospitalization

Hospitalization for Jimmy meant separation from Mommy and Daddy as well as many fear-provoking experiences such as:

being placed in an oxygen tent,
receiving hypos and intramuscular injections,
seeing the nurse suction his tracheotomy tube with an electric machine.

Jimmy's difficulty in breathing, however, was the prime cause of his anxiety at the time of his admission. The nurse, realizing she was nursing a child and not a disease, was quickly attuned to the feelings he could not describe and used all her creativeness to allay the fears he was unable to express. She stayed by his bedside continually to meet his every need. Thus, our little Indian lad found trust, confidence, reassurance and affection in his nurses. Fine cooperation was the outcome of this ideal relationship between nurse and patient. Whether it was a hypo or the suction machine, little Jimmy felt quite secure because his favorite nurse was "an angel by his bedside."

It was not until the fourth day of his hospitalization that Jimmy showed signs of loneliness. It may be of interest to note here that he was now feeling much better. All respiratory distress had disappeared. At this phase the thought of Mommy and Daddy could have first place in his little mind. Toys were now given to him to keep his mind occupied. The nurse chatted with her young patient, brought him to

the window to see the trees, the grass, the sky, the cars and the children playing outside. Jimmy felt someone cared for him. That was all a two-year-old needed to be mentally alert, happy and secure.

Growth and Development

Little Jimmy was physically, mentally, socially and emotionally comparable to a normal child of his own age. He weighed 33 pounds and was 36 inches long. When convalescing he was a "run-about," staggering in his steps. He delighted in taking things out and putting them back. He was capable of feeding himself and generally did so rather neatly. His short sentences as well as single words were very intelligible, i.e., "Dis is mine." Nursery rhymes, however, were totally unknown to him.

He was proud of flashing his teeth in a big smile and he put them to good service in masticating his food correctly. His parents had succeeded in teaching him bowel and bladder control. On the whole our little patient was totally unspoiled and like all children of two years, he had only two great loves . . . Mommy and Daddy.

Medical Treatment

1. *Penicillin,* an antibiotic which harms or destroys microorganisms. It is derived from a species of molds belonging to the genus *peni cillium.* It may be administered intravenously, intramuscularly or intrathecally, orally, locally or by inhalation. It is remarkably toxic-free although sensitivity phenomena have occurred. Jimmy received 600,000 units daily.

2. *Alevaire,* an aqueous solution of a new nontoxic detergent, oxyethylated tertiary octylphenolformaldehyde polymer 0.125% in combination with sodium bicarbonate 2% and glycerin 5%. This mucolytic detergent is administered as a fine mist by aerosol nebulization utilizing a suitable supply of oxygen or compressed air. Usual dose: 500 c.c. by aerosolization in 24 hours. The doctor ordered the usual dose for Jimmy, utilizing the supply of oxygen of the croupette to liquify secretions produced.

3. *Nembutal* or pentobarbital sodium is an hypnotic producing a condition resembling natural sleep. It is comparatively safe in acute laryngotracheo bronchitis since there is not much effect on the circulation or respiration. Half grain suppositories were ordered.

4. *Calcium gluconate,* more palatable than calcium chloride for oral use, is given to relieve a deficiency of calcium and, therefore, to prevent tetany and rickets. A half tablet was given t.i.d.

5. *Fer-in-sol* is an iron preparation often used in secondary anemia. Its administration over a period of time causes an increase in the red cells and hemoglobin. The patient becomes more energetic and has a better appetite.

Constipation is a common result of long-continued use of iron preparation. Iron is absorbed slowly and incompletely from the intestines. It is well to remember that iron, as well as any other metal will dissolve vitamin C preparations, therefore, these medications should not be administered at the same time.

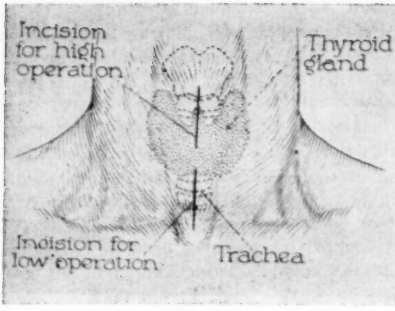
6. *Vitamins:* The chief function of vitamins is to take part in essential enzyme reactions within the cells and thus to maintain normal growth and metabolism. Deficiency of a single vitamin may produce symptoms of some disease that can be cured by the administration of that vitamin.

Diet

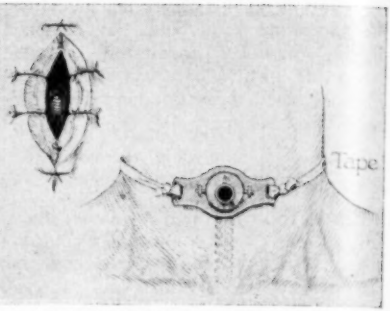
For the first three days, the diet consisted in forcing fluids with restriction on the amount of milk because it is mucous-forming. Regular diet was allowed on the fourth with milk restriction. In the early period following the tracheotomy Jimmy was fearful of swallowing. As soon as he realized that it caused him no added discomfort he began to take fluids and solids more eagerly.

Special Therapy

Oxygen and Alevaire: Oxygen was administered via croupette to give immediate relief of cyanosis and dyspnea while alevaire was given to liquefy the thick secretions and make it easier for the child to cough the secretions up from the respiratory tract. Oxygen,



Surface anatomy showing relationship of high and low incisions to underlying structures.



Method of fixing trachea by through and through sutures. Method for holding tracheal tube by tape.

however, did not give the anticipated relief. There was an obstruction in Jimmy's respiratory passage which needed more than oxygen. Both the oxygen and the alevaire were discontinued immediately following the tracheotomy.

Steam inhalation: The inhalation of steam is considered the most valuable therapeutic measure in laryngotracheo bronchitis. Following Jimmy's tracheotomy, the steam kettle was in constant operation. High humidity at an environmental temperature of 70° F. is most beneficial. If air humidity is low, it may aggravate the disease by drying out the thick secretions and making it more difficult for the child to cough them up.

Surgical Treatment

Increasing dyspnea, pulse rate rapid, restlessness and cyanosis in spite of humified oxygen therapy indicated a progressive obstruction in the airway which clearly called for a tracheotomy. This was done within 12 hours of his admission.

The proximate preoperative preparation consisted in having the child void, putting on an operation suit and administering atropine gr. 1/450.

Operation: There was some difficulty in passing the anesthetic tube through the edematous larynx. After this was accomplished and Jimmy was sound asleep, the trachea was opened by means of a midline incision and a tube was inserted into the lumen of his trachea. This enabled him to breath more easily.

A bronchoscopy was also performed at this time. By introducing the bronchoscope into the trachea it was possible to study the mucosal lining of the trachea and the larger bronchi. A good deal of bloody mucus was aspirated. The wall of the trachea and bronchi were quite red. After fixing the sides of the trachea with sutures a number three tracheotomy tube was inserted as the anesthetic tube was withdrawn. The accompanying illustrations may prove both useful and informative.

Postoperative Care

Following the tracheotomy these important procedures were carried out:

Jimmy was placed in a warm bed to prevent chilling.

Arm restraints were immediately applied to prevent the patient from removing the tracheotomy tube.

Suction machine was kept at bedside to suction the inner cannula as often as necessary.

Steam kettle was in constant operation.

Special nursing care, day and night, was required until the tracheotomy tube was removed. Symptoms of suffocation had to be watched for. These might occur at any time from the plugging of the bronchi or from the blocking of the tracheotomy tube. Aspiration of the secretions well down into the trachea through the tube was done very often the first two days. On the third day the need for suctioning decreased. The type, amount, color, and odor of the material suctioned was charted accurately. The secretions varied from thick dark green with mucus to colorless viscous material.

The inner cannula was changed every two hours for the first twenty-four hours; then every six hours, according to the doctor's order.

Before removing the tracheotomy tube on the sixth day postoperative the doctor inserted a plug which the nurse was to remove if Jimmy became distressed and started to struggle for breath. After the first few minutes Jimmy was a bit frightened. He started to cough and gasp. The plug was removed and a large amount of white mucus was expectorated. Later the plug was re-inserted. This enabled the child to speak. His voice was still hoarse, but he really enjoyed talking. He gradually became used to the "plugged tracheotomy."

The doctor returned in the evening of the same day to remove the inner and outer cannulas. The area of incision was cleansed with ether. Sterile dressings were then applied with elastoplast. Dressings were changed frequently because they were soiled with mucus.

On the following day, the sutures were removed and a clean dressing was applied. The incision was cleansed p.r.n. with zephiran chloride solution 1:1000. We were all proud and happy to see that Jimmy's incision was surgically clean and healing well.

Thirteen days later Jimmy was allowed up. His cough had improved and his appetite was marvelous. He played well and seemed very happy. Soon he was strong enough to be discharged. After 25 days of hospitalization it was a real treat for Jimmy to go back home to his Mommy and Daddy.

Nursing Care

1. *Personal hygiene:*

Care of hair and scalp: Jimmy's hair was not washed upon admission because his condition was so acute. Pediculi were soon discovered and, upon the doctor's order, treatment was given with a solution that was destructive to the lice and nits but harmless to the hair and scalp. It was applied to Jimmy's scalp with gauze sponges. Care was taken that the solution did not get into his eyes. Head covering was then applied and left for one hour. His head was then washed and fine-combed. No live pediculi were found following this treatment.

Suctioning the tube

Skin: It is imperative to keep the skin in good condition. A tub bath was given to Jimmy as soon as his condition warranted it. Daily sponges were given during his acutely ill phase. On the first few days when perspiration was profuse, several sponges were given daily. Special attention was given to all the body creases as well as to the back and buttocks.

After Jimmy's operation, the skin around the opening became irritated from the secretions. Jelonet dressings were changed daily and the skin cleansed with zephiran chloride 1:1000. Jimmy's finger nails were cut as well as his toe nails and they were kept clean at all times. His position was changed frequently to prevent pressure sores as well as hypostatic pneumonia.

Mouth and lips: Mouth hygiene is extremely important. Jimmy was able to take fluids which prevented oral dehydration. Daily saline mouth washes were given during his acute stage.

Nose and ears: Jimmy's nose was cleansed frequently with applicators because of moderate nasal discharge: His ears were also cleansed daily with applicators moistened with normal saline.

2. *Intake and output:* Small amounts of fluid were often offered and taken. Record was kept as to whether or not he was voiding a sufficient quantity. The doctor did not require an exact account of the child's intake and output.

3. *Elimination:* Although Jimmy was voiding in sufficient amounts and

was having daily bowel movements, it was impossible during this acutely ill stage to carry on habits that he had already acquired at home. His physical condition lowered his ability to use self-control and interfered with any definite plan for toilet habits. Later, during the convalescent stage established toilet habits were resumed.

4. *Sleep:* Sleep is a matter of the greatest importance to the mental and physical health of a child, especially during the first three years. This is true of a healthy child and most true for a sick boy or girl whose body needs extra energy for repair work.

The nurse provided conditions that allowed Jimmy to have at least eleven hours of undisturbed sleep at night with a two-hour nap after the midday meal. When he was too restless at night to sleep, he was given a suppository of nembutal gr. ½ as ordered.

5. *Diversional Therapy:* During the acutely ill phase there was no time for loneliness or monotony. The continual presence of a nurse at his bedside with much to do for him day and night, provided ample distraction. Furthermore, the nurse recognized and understood the fundamental social, emotional needs of the child. She did make adequate provisions for meeting his six great needs, which are: his need for affection, for belonging (security), for self-esteem, for social approval, for achievement, and for independence. The result was a happy and cooperative little patient. When convalescing, he was given toys to play with and was allowed to get up and amuse himself with the other children in the ward. He enjoyed this very much.

6. *Prevention of infection:* Even though the dangers of respiratory obstruction were successfully met, every precaution was taken to prevent further infection which would not only retard repair and growth of body tissues but could also lead to death. Efficient and observant nursing care which avoided draughts, cross-infection and poor technique had a great role in preventing sepsis.

Parent Education

Tactfully and kindly, the following were pointed out to Jimmy's mother:

1. The importance of a regular annual medical examination.
2. The necessity of dental treatment now that the child is two years old.
3. The vital need of general hygiene.
   a. Daily bath for the youngster.
   b. Hair kept short and washed frequently. Use of fine comb.
   c. Clean clothing including underwear.
   d. Dental attention especially following meals.
   e. Cleanliness of hands before meals and after toilet use.
4. The importance of vitamins were stressed.
5. The basic food rules were emphasized.

Official Notice - 28th Biennial Meeting

The Twenty-Eighth Biennial Meetting of the Canadian Nurses' Association will be held in the University of Manitoba, Winnipeg, Manitoba, June 25th to 29th inclusive, 1956.

The President of the Canadian Nurses' Association has asked me to advise you that there will be a meeting of the Executive Committee, Sunday, June 24th, at 10.00 a.m. at the University of Manitoba.

M. Pearl Stiver,
General Secretary.

The obstetrician who claimed never to have lost a father was luckier than he knew. Now that maternal mortality rates have dropped so drastically, fathers seem to be receiving more attention. Fathers-to-be today are being encouraged to attend natural childbirth classes and births. If the husband can be present during labor and at birth much less tension results for both husband and wife. — Communications Associates, Inc.

NURSING EDUCATION

Some Considerations on the Basic Nursing Curriculum

G. B. CARTER

NOT LONG AGO the words "nurse" and "nursing" conveyed to most people, no less than to nurses themselves, the idea of attention to persons unlucky enough to have to take to their beds. Florence Nightingale's flash of prophetic insight "hospitals are not enough" went unheeded, so great was the pride of skill and achievement experienced by doctors and nurses in that wonderful epoch dominated by the researches of Pasteur and Lister and the advent of anesthesia.

It was true surgery could not do everything. An English surgeon wrote "thirty-five years ago, all the beds in the Cancer Wing of the Middlesex Hospital were occupied by inoperable cases of cancer; there was no treatment except an almost superhuman kindness."

Now, slowly, perhaps unwillingly, for superhuman kindness may be easier to practice than that imaginative insight into the total circumstances of a human being, mental, physical and social which is alone able to teach him to achieve his potential of health and to restore it when lost, we are learning that the objective of nursing is health, not sickness. Sickness is incidental, health an aspect of the whole personality. Health has always been a preoccupation of the community for unless its vital statistics are sound, the community, whether it be the family or the State, perishes. But the community has not always known how to get health. Only slowly has it dawned that, although you may have categories of personnel specialized to undertake different activities in cure and prevention, it is only when these are all dominated by the conception of health that disease begins to lose its hold. Of patients with tuberculosis, some may die (and what nursing they will need!) but it is certain that more will live if, in all her cases, the nurse fixes her mind on a living person restored to the community, his children and workmates taught how to live free from infection.

In the light of these remarks, two points seem to arise and the answers to the questionnaire show that the schools of nursing are well aware of them. The first is that the nursing profession has to assume responsibility for health and this involves a basic curriculum to teach the student nurse to integrate the idea of health in all that she learns to do for patients. From this, it follows that she must be aware

Miss Carter, who is a Nursing Consultant with World Health Organization, spent some years on the faculty of the School of Nursing, University of Toronto. At present she is in the Department of Public Health and Social Medicine, University of Edinburgh.

This paper is published with the permission of WHO. The questionnaire referred to was sent to each participant in the Conference on basic nursing. Nine European countries were represented.

of the mental and social circumstances of her patient as well as of his bodily needs. From the practical point of view, it means that the nursing profession can no longer afford a stereotyped training based on an outdated conception called "general nursing," but must fit its members to deal with the actual maladies and needs of the society in which they practise. If many individuals are sick in mind, it is the duty of nurses to turn to the nursing of the mentally ill. This is not easy. It involves a fresh look at those who offer themselves as nurses, and the way they should be taught. The foundation of a basic curriculum needs continuous research and flexibility, and perhaps willingness to give up dearly loved traditions, to recognize rationalization masquerading as fundamental truth.

The second point is that the nursing profession, if it is to fulfil its obligation to meet all needs for nursing, must have the help of the State. It is remarkable that new surveys of nursing are being made and new laws passed in every country. In Britain, for instance, the first Nurses' Act was passed in 1919 and there was no amending Act for nearly 25 years. Acts were passed in 1943 and 1949 and no doubt there are more to come. An aspect of this interest of governments in nursing is the increasing part played by Ministries of Education. It hardly seems in doubt that if the education of nurses is basic to the health services of a country nursing education must be part of the general educational facilities provided by the State, although it is equally true that nurses themselves and the health authorities must have a clear conception of what nurses need to know. In those countries where a national health service is offered and in which, therefore, nurses have become servants of the State, employed by the Ministry of Health, it is particularly desirable that the education authority and not the employer should be responsible for the education of students and also for post-basic education in whatever type of institution it may be carried out. Of necessity all nurses must be educationists. No branch of the health service — not even the doctors, could have such a continuous and vital contact with patients, ill and well, and it should be an obligation of the basic curriculum to teach nurses how to teach their patients, not only by example, but to be able to give them simple words of explanation and encouragement.

But governments do not legislate until public opinion is ready. Hence it is a duty of the nursing profession to educate and inform public opinion, using all the means they have, including the enlightenment of the members who represent them in Parliament. Much criticism of nurses and nursing is ill-informed and rarely do nurses know how to answer their critics effectively; or even to state their aims convincingly. It may be that this is a question of postbasic teaching, but even a basic curriculum needs to make students aware that they are public servants. One duty of a good servant is to keep his master informed.

It follows from what has been said that since health is the concern of every member of the community, since all men are patients from one point of view or another, such a wide field of employment cannot be covered by one group of nursing personnel only. In the the past nursing has been done by a professional group, who the First Expert Committee on Nursing called "nurses who supply the most exacting, comprehensive responsible care of a nursing nature." The service of professional nurses has never more than partially met the demand for nursing. Often it has been too expensive for many who need it most. It has been supplemented by the work of unofficial, unrecognized, devoted, but often untrained persons, called variously practical nurses, assistant nurses, etc. Very unwillingly have the professional nurses been prepared to admit this personnel, still less to assume responsibility for them. But if the whole field of nursing is the concern of the nursing profession it is the duty of the profession to secure for patients all the care they need. This point seems to be well recognized in every country.

The replies to the questionnaire show that auxiliary nursing personnel is extensively employed and in most countries their training and official recognition is under consideration. The provision of a number of types of nurs-

ing personnel under the direction of the professional nurse points to the need for curriculum research and for flexibility. The Second and Third Expert Committees on Nursing declared that the art of supervision of auxiliary personnel must be taught in the basic curriculum of the professional nurse. As the allocation of skills and duties respectively to doctors and nurses has changed and is constantly changing, so the relationship of the professional nurse to the other members of the nursing team must be kept constantly under review. This is a matter which may be agreed in principle by nurses as an international profession, but each country has to survey its own resources of men and women, the tasks to be accomplished and the personnel available to perform them, having regard to the level of education and intelligence of those who offer themselves for nursing. There can be no hard and fast rules as to the duties performed by each category. Where, for instance, there is a high proportion of doctors they are likely to undertake procedures which nurses do in countries where doctors are few. The important point is that no one shall assume a duty without learning the skill to perform it.

One of the results of the enormous growth of hospitalization and the curative services has been the metamorphosis of the independent school of nursing as envisaged by Florence Nightingale into the hospital school lacking independent, financial and educational resources. It is impossible to acquit nurses themselves of lack of vision and clear purpose in permitting this transformation, however heavily the odds have been against them.

The Nightingale probationer, even if an apprentice, was truly a student during her year of training. In 1860, public education was still to come and many of the probationers had little learning. The methods of education devised at St. Thomas's fitted the new nursing group. Those of good education assumed a responsibility for helping those with little, thus getting practice in teaching and demonstration. It must also be remembered that the able, educated women quickly assumed positions of great responsibility.

Today we have stereotyped training. The evergrowing need of the hospitals for staff and the high wastage of students, never properly understood or investigated, brought about perhaps the most thorough exploitation of a group of workers that has ever been seen. Nurses themselves, the doctors and the public have all conspired to use student nurses as employees. What is worse this usage has been rationalized, until a girl wishing to nurse, whatever her capacity, intelligence and education is compelled to undergo a lengthy period of training based on tradition and the desire for labor and not on any scientific determination of the time necessary for adequate preparation for the responsibilities to be assumed. Nor have the hospital schools known how to make the best use of their qualified nurses. All too often staff nurses and head nurses have been given positions for which their apprenticeship training has not really fitted them. It is tempting to ask whether some of the difficulties now confronting the nursing profession may not be due to a steady tendency to select for promotion the student able to stand up to the perpetual rush in a busy hospital and to get the work finished, rather than the thoughtful, sensitive, educated woman, anxious to serve her patients and to know the reasons for the care she has to give. There can be little doubt that many nurses are lost to the profession from a sense of frustration and impotence rather than from any lack of love of the profession they so ardently wished to enter.

The use of the student nurse employee to do the work of the hospital has created an economic problem of the first magnitude. In the United Kingdom, it was shown in the inquiry made by the Nuffield Foundation in 1953-54 that 75 per cent of the nursing is done by nurses in training. Similar conditions are to be found in other countries and it would be helpful if analysis of the work of hospital nurses on the same lines as the Nuffield Inquiry could be repeated in other countries. It is difficult to see how this state of affairs can be ended. Two lines of approach are indicated. Nurses, in season and out of season, must

never cease to tell the public, the students and the authorities that the student of nursing should be treated like any other student and that the experience she is given must be educational.

The argument which would however do more than anything else to convince the hospital authorities, public and private, would be research demonstrating that the apprenticeship system, with its high turnover and wastage of labor is economically unsound. Nurses are beginning to turn to research and there is a wide field here. Again, methods of research are no doubt postbasic, but the basic curriculum should teach the student to be critical of her work and to see where it could be improved technically and administratively. Such criticism could be constructive and would bear fruit when students in due course become administrators and teachers, or practitioners of bedside nursing. The student nurse, understanding that she is part of a system which cannot be altered in a minute, is willing to give her service. Nonetheless, she can be shown a vision of a better way in which the patient would enjoy a service of qualified nurses and trained auxiliaries and in which the student would learn her profession in the quickest and most effective way, theory carefully coordinated with practice.

From another angle, hospital training as now given provides an inadequate preparation for the great fields of preventive and specialized nursing which are, equally with general nursing, the responsibility of the profession.

The answers to the questionnaire show that nurses are alive to this problem. So long as the labor of the student is wanted for three or four years in a general service, it is difficult to plan either a comprehensive basic training or to allow those who wish to do so to specialize whether in the hospital or in the public health field.

Many of the writers have a clear idea in their minds that to meet the needs of the profession the education of nurses must begin with a foundation or basic preparation dealing with the human individual as a person having a mind and a body, living in a community. After laying the foundations, the student may then specialize and, finally, the leaders in teaching and administration and research must be prepared by special courses in universities or elsewhere. A point to be considered is to what extent all nursing personnel, whatever their background and education and future role, should have their first introduction to patients in common.

What has been said hitherto applies to nursing wherever it is practised. Each country however has its own problems. The international nursing profession is as strong as its weakest link. Advance in the philosophy and practice of nursing can only take place as each country identifies and solves its own nursing problem.

Identification of problems involves estimation of the needs for nursing service of all types, based on the geography, climate, health hazards, racial characteristics, vital statistics, economic resources, including available personnel and standards of education, in the particular country. At the request of the First Expert Committee on Nursing, Margaret G. Arnstein prepared a Guide for National Studies of Nursing Resources. It would be a step forward if each country were to make a study of its nursing resources to use as a blueprint for its future plans. These studies should be available to the World Health Organization and to the International Council of Nurses.

Following on such a study an appraisal of the adequacy of existing services might be undertaken — showing quality as well as quantity. No more courageous study of this kind has ever been made than the report on practices in schools of nursing in 1949 based on a survey by the Sub-Committee on School Data Analysis of the National Committee for the Improvement of Nursing Services. In this survey, which was published under the title "Nursing Schools at the Mid-Century" (1950) by Margaret West and Christy Hawkins, about 97 per cent of state accredited schools of nursing giving basic programs throughout the U.S.A., cooperated and answered the questionnaire on the

educational facilities offered in each school. Based on the results classification into three groups was voluntarily accepted. This classification quickly led to self-examination in each school and to improvement in nursing education.

It is only as a result of clear-eyed, honest estimation of assets and goals that a program for an advance in the quality of nursing education can be made. Until all the facts, good and bad, are known, curriculum planning will be academic rather than practical. Nor will it be possible to implement a curriculum without an adequately prepared staff. These are two aspects of the goal of better nursing education and each country must consider them together.

As nurses become more and more an international confraternity, ready to practise their profession wherever they may be sent, or may find themselves, the problem of reciprocity arises and requires solution. The material for solving this and many other questions of practice can only be found in accurate knowledge of the standards in each country and the quality of the basic and post-basic programs of nursing education.

1. "The work of Nurses in Hospital Wards," Report of a Job-analysis Nuffield Provincial Hospitals Trust.

Using Case Histories to Learn

CAROL E. MOREHOUSE

STUDY IS ALWAYS MORE INTERESTING when it can be related to actual experience. Often the study of anatomy and physiology seems very factual — even when pictorial, experimental, and film aids are used. In our school of nursing, however, we recently found that such learning was stimulated by the study of real people. This was accomplished by the use of medical-surgical case histories from our affiliated hospital. This method of learning was introduced into our school last year. We have found that it has helped us a great deal, and any hindrances were not too difficult to overcome with a little effort.

In order to illustrate clearly how we used these case histories, I shall describe one of our classes. Early in February last year we began study of "the means by which the body maintains an adequate and safe food supply." Our instructor gave us a case history of a young woman suffering from gallstones and cholecystitis. It consisted of a short summary of the patient's condition and her chief symptoms, together with the results of any pertinent diagnostic tests, before and after treatment.

Miss Morehouse is a third year student at McMaster University School of Nursing, Hamilton.

Having read the patient's story, we were naturally curious to find out where and why her body had not carried out its normal functions properly. The class was given the choice of beginning the study at any point along the digestive tract which we desired. After some discussion and a number of ideas, we all decided that we would like to begin our study with the liver. Individual work was encouraged in our classes. In order to get some background knowledge for working, each member of the class chose one aspect of the study to read about; for example, one student studied the anatomical relationship of liver to other body organs, another the production of bile, and so on.

In the next class as each student presented her findings to the group, a more complete picture began to form. Our instructor filled in any gaps in our information, and presented the more difficult aspects of liver physiology in formal lectures.

Our laboratory periods were also useful because we performed some of the more important diagnostic tests ourselves, so that we could see the results. The tests came to mean more than just a laboratory report. We were able to do the routine blood tests, such as blood counts and the complete urinalysis examination.

After gathering this information together we returned to the study of the patient, whom I shall call Miss Lily. Meanwhile, one or more of the class had cared for Miss Lily as a patient, and this added to the general interest.

As we reviewed the patient's symptoms and laboratory findings, we began to look for explanations; these called on our new knowledge of liver physiology. All this, of course, was leading up to the summary, where we could see the whole picture of the ways and means by which the body preserves the normal function of the liver and gall bladder.

Thus this one case history of a person suffering from gall bladder disease helped in the learning of the normal structure and function of the gall bladder and its related organs, unfavorable influences on that normal function, relationship of the organs to the working of the human body as a unit, and their part in its intricate mechanism.

In addition to these organs alone, studying the various tests led to exploration of the effects on the liver and gall bladder of changes in other parts of the body — that is, it led to correlation of each system studied with the workings of the body as a whole.

We liked another way in which our instructor made use of case histories — as an examination aid. Using a case history on an examination similar information was given, then the questions were asked in relation to the information provided. All questions concerned normal aspects only, so that when abnormal symptoms appeared, we were asked to describe the normal manner of function. In this way, many aspects of the topic could be discussed, and correlated to the normal.

We found that studying each part of our subject in this manner contributed in a number of ways both to our interest in learning, and to our retention of the material.

It may sound as though a large amount of student preparation was required, but we did not find this to be so. An innate curiosity to find out the unknown about people, as well as the division of labor in the reference reading, led to only a moderate amount of preparation time on the part of each student. Our own participation in the presentation of material permitted us to feel that we had some part in the learning process, stimulated an overall interest in the lesson, and, I believe, permitted the instructor to get a better idea of how the members of the class were thinking, and what we were getting out of her lectures.

With the instructor's help, we partly overcame a difficulty which presented itself in our original perusal — discrimination. Having no previous knowledge of the subject being studied, it was somewhat difficult to decide in our own minds what were the most important parts for study, as well as to know just which symptoms were abnormal and which normal. As we acquired more practice in the use of case histories, however, we gradually overcame this difficulty to a great extent.

By having the class go over the case history and decide what they needed to study, repetition was avoided — the class did not study again topics about which it might already know a great deal.

We did feel that one big advantage in this application of study to actual people, apart from the factor of interest, was that it led to better and more organized original thinking on the part of each member of our class. In consequence, any learning coming wholly or partly from our own original work was much more likely to be remembered longer than that from a series of formal lectures alone.

Also, just as students in nursing can better remember the nursing care of a disease condition if they have cared for a person suffering from its effects, so in this situation we could better remember the normal physiological functioning after we had studied the history of an actual person with a condition resulting from some deviation from that function.

In these lectures, which were preliminary to concentrated nursing practice in the hospital, we were helped to correlate the factual material to the nursing that was to come. So often it seemed that the actual nursing part of the course was far separated from the work we were doing, so that studying hospital cases in relation to the lectures helped to emphasize that all the material was necessary and useful preparation for the care of all patients.

When we did begin daily work in the hospital, the background knowledge gained through examination of these case histories stimulated us to read carefully the charts of the patients under our care, and to find out what had caused their illnesses.

While we were studying the normal characteristics of the body and its organs, case histories of disease helped to show the narrow borderline between health and illness, and some of the contributing factors to staying on the health side of the line. Studying the two in conjunction placed emphasis on the unity of the whole course, as we may tend to think of health and illness as two separate entities. In this way we could study normal physiology while seeing at the same time just how it sometimes goes wrong.

Our class was a small one, so all of us were able to participate freely in group discussions. In larger classes the same result might be accomplished by breaking up into a number of small groups for the original work.

In conclusion, I might say that the members of my class are of the opinion that any nursing science class could make use of such medical-surgical case histories as may be available to contribute to the interest and variety of lectures in anatomy and physiology. We were enthusiastic about their use in our own classes last year.

In Memoriam

Gertrude Irene Anderson, a graduate of the Massachusetts Homeopathic Hospital, Boston, died recently at Annapolis Royal, N.S. In 1917, Miss Anderson enlisted in the Queen Alexandra Imperial Nursing Service and spent the remainder World War I in the front lines of France. For a time she engaged in welfare work with the Victorian Order of Nurses in Montreal, returning to Nova Scotia in 1923 to become one of the pioneer nurses of that province's Public Health Department. She retired in 1948 but maintained an active interest in professional and community affairs.

* * *

Ethel Barclay, a graduate of Dr. Groves Hospital, Fergus, Ontario, died on February 5, 1956, at Toronto. Miss Barclay was the first superintendent of Lord Dufferin Hospital in Orangeville and organized the first school of nursing in connection with it.

* * *

Florence Nightingale (Sims) Campbell, a graduate of a New York hospital, died on February 12, 1956 at London, Ontario. Mrs. Campbell served overseas with No. 2 Canadian General Hospital during World War I. She took an active interest in professional matters organizing the home nursing classes in the schools of London, and assisting with other Red Cross activities.

* * *

Katherine Conway-Jones died on January 21, 1956 at Steveston, B.C. Born in North Wales, she joined the Imperial Army in 1914 and served throughout the war. Miss Conway-Jones was awarded the Royal Red Cross, first and second class, by King George V and was mentioned several times in despatches for her outstanding military service. Following her retirement from nursing in 1919, she came to Canada where her interest centred chiefly upon Red Cross activities.

* * *

Isabel Janet Dalzell, who graduated from Toronto Western Hospital in 1923, died on January 17, 1956. Mrs. Dalzell served for many years on the teaching staff of the Toronto Hospital for Tuberculosis.

* * *

Mary Agnes Dean, a graduate of St. Joseph's Hospital, Hamilton, died on January 25, 1956, at Hamilton. Miss Dean served as a public health nurse with the city for several years.

* * *

Doris (Trevors) Gauthier, a graduate of the James Dunn Hospital, Bathurst, N.B., died in January, 1956 at Douglasfield, N.B.

* * *

Susan Emily Hodgins, a graduate of the Royal Victoria Hospital, Barrie, Ont., died on January 15, 1956 at Palmerston, Ont. Miss Hodgins devoted much of her professional life to private duty nursing.

* * *

Gwendoline Jaques, a graduate of the St. John's Hospital of the Sisters of St. John the Divine, died on January 23, 1956 at Toronto. Miss Jaques devoted most of her life to her work with the Sisters of St. John

ELIZABETH REDMOND

the Divine and other church activities. Latterly she had engaged in private duty nursing and was a member of the St. John Ambulance brigade serving as a nursing officer with the central nursing division.

* * *

Agnes Emily (Pederson) Lawrence, a graduate of the Medicine Hat General Hospital, died in January, at Vancouver, B.C. Mrs. Lawrence was a former superintendent of nurses of her home school.

* * *

Robina Macaulay, a graduate of Grace Hospital, Winnipeg, died on February 4, 1956 at Toronto. Major Macaulay served in Salvation Army hospitals in Toronto, Halifax and Saint John. Her last post, prior to retirement, was as superintendent of Grace Hospital in Windsor, Ontario.

* * *

Elizabeth Redmond, a graduate of St. John's General Hospital, Newfoundland, died at St. John's on November 6, 1955. She was the last remaining member of the first graduating class of the school which celebrates its golden anniversary this year. Miss Redmond came to the hospital as a nurses' aide in 1899, filled the post of superintendent of the hospital for a few months in 1902, and began her professional training in 1903 when the school of nursing was first opened. She retired from active nursing in 1930 but maintained a keen and active interest in her alumnae association. Her sense of humor, love of life and unselfish nature won her many friends.

* * *

Marie-Adrienne St-Onge, infirmière graduée de l'Hôtel Dieu de Montréal, est décédée à l'hôpital Reine-Marie. Enrôlée comme infirmière lors de la guerre 1914-18, elle fit partie de l'hôpital stationnaire No. 4 canadienne-française. Elle fut décorée à plusieurs reprises par l'Angleterre et par la France. Elle a fondé, en 1940, l'association provinciale des infirmières de la Metropolitan Life Assurance Co.

* * *

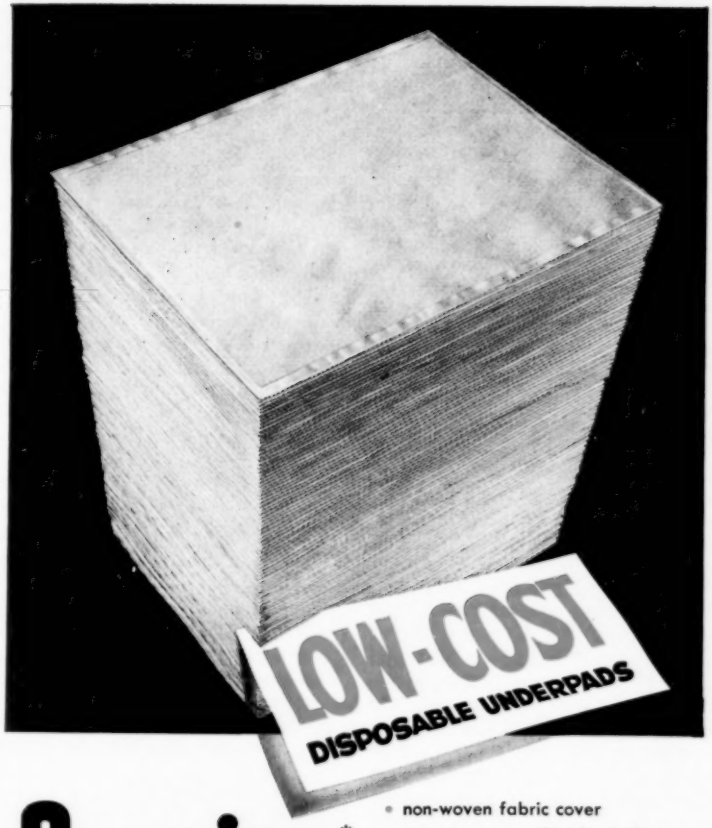
Genevieve White, a graduate of St. Joseph's Hospital, Glace Bay, died on February 8, 1956 at Sydney, N.S. Prior to her illness, Miss White had worked as an office nurse.

Wanted: Your Assistance

One of our familiar nightmares concerns the problem of what we would do if anything happened to our mailing list. Very recently a minor catastrophe struck us when an overzealous janitor took away a small carton containing letters giving changes of address, the subscribers' name plates and their identification cards. It is estimated that there were between 10 and 20 subscribers' letters in the box — the changes of address that had been received on April 12.

Here is the way you can help: will you please draw the attention of any nurses who have moved recently to these paragraphs? If they have sent us a change of address early in April, will each of these nurses please write to us again immediately, giving their old address and their new one. This information is absolutely necessary if they are to receive the May and subsequent issues.

We shall be most grateful for this assistance. The change-of-address clerk and the janitor have both given a solemn undertaking that this will never happen again, even on a Friday the 13th!



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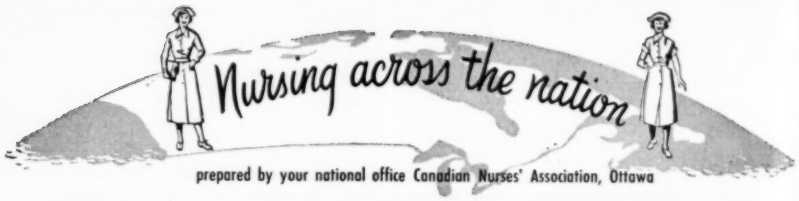


CNA Submission

AMONG THE BRIEFS presented to the Royal Commission on the Economic Future of Canada at the Public Hearing in Ottawa in March, was one from the Canadian Nurses' Association. This brief covers a span of 50 years. Beginning with nursing as it was 25 years ago, dealing with it as we see it today and estimating what will be needed in the future, 25 years hence, the submission referred to studies such as the Weir Report, the Metropolitan School of Nursing experimental program and the more recent Atkinson School of Nursing experiment at the Toronto Western Hospital.

Members of our delegation were, the president, Miss Gladys J. Sharpe; our general secretary, Miss M. Pearl Stiver, and Miss Dorothy Percy, chief nursing consultant, Department of National Health and Welfare, who had been requested by the Executive Committee to assist the staff of National Office in the preparation of the brief.

The address given in presenting the brief referred to the great increase in the number of registered nurses now employed in hospitals. In the last 25 years the number of registered nurses in Canada has trebled and the number employed in hospitals is 10 times as great. This increase signifies a higher standard of nursing care to the sick. Hospitals now provide professional nursing service where previously the nursing care was almost wholly provided by student nurses.

In considering the demands for nurses in the expanding health programs for an increasing population we are faced with the questions —

1. Where can we find sufficient numbers of nurses?

2. How can we be sure that they will be equipped to give the best possible nursing service to our Canadian people and also beyond our shores in international health programs?

Concern was expressed with the small percentage of students completing high school. Encouragement of students and assistance available to continue high school would provide a larger pool from which to draw recruits for the nursing profession as well as for other professions. That more and more nurses will be required as Canada's health programs develop is foretold in the ratio of nurses to the population over the past 25 years.

In 1931 there was one nurse to 576 persons in our population and unemployment among nurses.

Today there is one nurse in every 286 persons and we need more nurses.

Major needs in nursing with respect to the economic future of Canada were listed as:

Need for research to determine —

What are the needs with respect to nursing in the present and future health programs for our people?

What personnel will be required?

What are the best and most economical ways of preparing the necessary personnel?

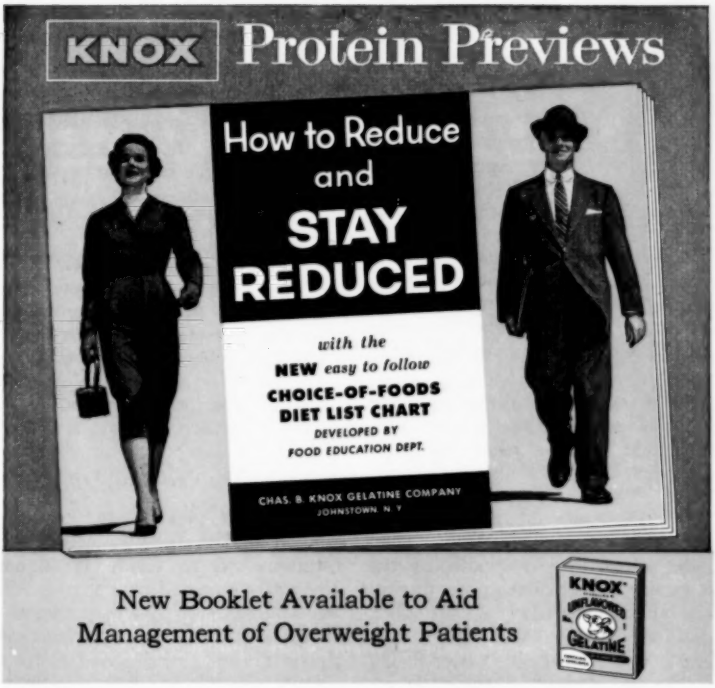
The suitability of our present programs and the need for evaluation in the light of present developments and progress of medical science.

Need for financial assistance —

To obtain and prepare people to do this research and for the research itself.

To support a truly educational program of nursing, qualified students wishing to enter schools of nursing should not be hampered by insufficient funds. Bursaries and scholarships should be provided to enable students to pursue nursing as a career.

To enable nurses, having the qualifications to assume positions of leadership, to take the necessary advanced preparation.



The 1955 edition of the well-known Knox "Eat-and-Reduce" booklet eliminates calorie counting for obese patients under your care. This year's edition is based on the use of Food Exchange Lists[1] which have proved so accurate in the dietary management of diabetics.

The first 18 pages of the new booklet present in simple terms key information on the use of Food Exchanges (referred to in the book as Choices). In the center, double gatefold pages outline color-coded diets of 1200, 1600, and 1800 calories based on the Food Exchanges.

To help patients persevere in their reducing plans, the last 14 pages of the new Knox booklet are devoted to more than six dozen, *tested*, low-calorie recipes. Use the coupon below to obtain copies of the new "Eat-and-Reduce" booklet.

1. Developed by the U.S. Public Health Service assisted by committees of The American Diabetes Association, Inc. and The American Dietetic Association.

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A Professional Experience

As we write this column a poster is just coming off the press which highlights the program and plans for the 28th Biennial Meeting. As you read this you will probably already have become familiar with this poster and with its message, which we hope has been displayed on bulletin boards in your hospital or health agency.

Additional to the information which it contains is the announcement of our speaker for the Mary Agnes Snively Memorial Lecture. **Byrne Hope Sanders,** C.B.E., co-owner and director, Canadian Institute of Public Opinion, will deliver the address honoring the founder of the Canadian Nurses' Association. An excellent speaker and an interesting person, our guest speaker is one you will want to hear.

Shall we see you in Winnipeg? We hope so. If you haven't already preregistered do so now, using the page from this issue.

Let's Look at Accreditation

If you wish to participate to the fullest extent in the discussions during Nursing Education day at the 28th Biennial Meeting in Winnipeg some reference reading is in order. The CNA Executive and Committee on Nursing Education are going to ask you to think seriously about our responsibility in regard to establishing some method of evaluating Canadian schools of nursing. Perhaps a program of accreditation is the answer. In 1950 a series of articles appeared in *The Canadian Nurse* containing information which should be familiar to all those who will be asked to state an opinion. So, will you pick out the following issues and refresh your memory on some of the principles of evaluation and accreditation:

February, page 112; March, page 187; April, page 278; June, page 460; October, page 819.

Canadian Nurses in Ceylon

It is obvious that our nurses who join international health agencies do not forget about us. National Office is frequently called upon to supply printed material and other information which nurses with WHO and the Colombo Plan know will help them to develop their programs in countries less privileged than ours. Our latest request came from Eleanor Martin and Frances Ferguson who are with the Colombo Plan in Ceylon and are working to establish a school for auxiliary nursing personnel. The government had asked them to obtain a list of textbooks commonly used in Canadian schools for professional nurses and nursing assistants. In the process of collecting the information requested we found two book lists which may be of value to our readers.

The Chicago Medical Book Company, Jackson and Honore Streets, Chicago 12, Illinois, publishes a comprehensive catalogue of nursing textbooks with the dates of publication and the names of the publishing companies. A similar listing is distributed by Stacey's, 551 Market St., San Francisco 5, California.

Visitors to National Office

We were pleased, in February, to welcome Miss E. Kathleen Russell to Ottawa and to CNA Headquarters. Presently engaged in a survey of nursing education in the province of New Brunswick, Miss Russell brought enthusiasm and enlightened thinking to discussions on nursing, as always.

Soon to visit us will be Miss Mavis L. Avery, general secretary, Royal Australian Nursing Federation. Miss Avery has been in Canada since early February when she arrived in Vancouver. Following a trip across the country she has spent a short time in Toronto. From Ottawa she will proceed to Montreal. Having been awarded a WHO Fellowship, Miss Avery will then sail for Great Britain, returning later in the year to the United States where she will continue her study and travels.

Questions and Answers

Here in National Office we are frequently asked question for which we do not have the answers. We cannot have the answers until each one of you helps us. Statistical information which we have comes from various sources, C.N.A. records, 1951 Census, Vital

NEW! HEINZ STRAINED APPLE JUICE

Photograph courtesy of B.C. TREE FRUITS Limited

AN EXCELLENT SOURCE OF VITAMIN 'C' FOR BABIES!

For the mothers of young babies, the introduction of this completely new fortified apple juice is welcome news. Heinz have produced this new source of ascorbic acid in response to many enquiries from doctors. It will be found especially useful where the infant shows intolerance to other juices. In such cases, the baby can often take apple juice, for it is a food that should not disturb the most delicate infant.

Heinz Strained Apple Juice is made from only the finest apples, specially processed for babies and fortified with a minimum of 60 mgms. Vitamin 'C' per 100 cc's. If you would like to taste and test this new product, write for free samples, to Heinz Baby Foods, Leamington, Ontario.

HEINZ BABY FOODS

Statistics 1953, Hospital, Tuberculosis and Mental Health Statistics 1954, and other data. It is realized that the sources of this information are not always completely accurate and much information is still lacking. A questionnaire is now being developed concerning the estimated demand for nursing in Canada. This, having been discussed with our provincial secretaries in February, will be ready for distribution through provincial associations by next September. In order that this questionnaire be successful we will need the assistance and cooperation of each Canadian nurse. Successful completion of this questionnaire will mean accurate and interesting information available from this office. Information which is essential if we hope to be able to intelligently interpret our needs to our profession and to the public who can assist us in finding ways and means of meeting the increasing demands being made upon us.

A Word of Thanks

As national committees prepare to wind up the work of the biennium let us take a few minutes to express our appreciation for the amount of time and effort that the chairmen and members of these committees give to us, the members of the Canadian Nurses' Association. We in national office are aware of the generosity of these nurses who take time out from very busy positions and heavy responsibilities to work for the advancement of our profession.

We, the CNA, would like to express to these nurses a sincere "thank you."

Le Nursing à travers le pays

L'A.I.C. devant la Commission Gordon

Au nombre des mémoires présentés à la Commission Royale sur l'Avenir Economique du Canada, à la séance publique tenue à Ottawa en mars dernier, il s'en trouvait un de L'Association des Infirmières Canadiennes. Ce mémoire rédigé sur le nursing, embrasse une période de 50 ans, commençant par le nursing tel qu'il était il y a vingt-cinq ans, le nursing aujourd'hui et ce que l'on en attendra dans vingt-cinq ans d'ici; on y relate des études déjà faites à ce sujet notamment le Rapport Weir, l'expérience de l'Ecole Métropolitaine de Windsor, Ont., et celle plus récente de l'Atkinson School of Nursing du Toronto Western Hospital.

Notre délégation se composait de la présidente, Mlle Gladys J. Sharpe, de la secrétaire générale, Mlle Pearl Stiver et de Mlle D. Percy, consultante en chef au Ministère de la Santé Nationale et du Bien-Etre qui avait été priée de prêter son concours à la préparation du mémoire.

Dans la présentation du mémoire, on signala l'augmentation considérable du nombre d'infirmières employées dans les hôpitaux. Depuis vingt-cinq ans, le nombre d'infirmières enregistrées a triplé au Canada et il y en a dix fois plus d'employées dans les hôpitaux. Cette augmentation indique que les soins donnés aux malades sont de meilleure qualité. Aujourd'hui, dans les hôpitaux, les soins sont donnés en grande partie par des infirmières professionnelles tandis qu'autrefois ils étaient presque entièrement confiés à des étudiantes.

Lorsqu'on considère l'augmentation de la population du Canada, les nombreux programmes de santé qui s'imposent et, par conséquent, une demande correspondante d'infirmières, on ne peut s'empêcher de se poser les questions suivantes:

1. Où pourra-t-on trouver un nombre suffisant d'infirmières?

2. Comment peut-on être certain qu'elles seront préparées à donner les meilleurs services possibles à la population canadienne de même qu'à l'étranger, dans la réalisation des programmes internationaux de santé.

L'on s'inquiète aussi du petit nombre d'étudiantes qui se rendent au terme du cours primaire supérieur. Encourager les étudiantes à poursuivre leurs études supérieures et leur assurer un appui financier à cette fin, serait un excellent moyen d'augmenter les rangs parmi lesquels on pourrait choisir des candidates pour le cours d'infirmière ainsi que pour d'autres professions.

NOW . . . you'll always be a woman in WHITE!
New dip-'n'-dry
TERYLENE*
UNIFORMS
. . . are not yellowed
by detergents
. . . resist wrinkles better than
anything you've ever
worn before
'Terylene', the talented new textile fibre brings you smart, new uniforms that are about as "work-free" as any garments could be. They wash in a wink, drip-dry in a couple of hours and need practically no ironing. No wrinkles while you wear 'Terylene', and no wrinkles after washing 'Terylene'. Remember, it stays white, too!
White Sister Uniforms of 100% 'Terylene' are now available in stores across the country.
keep your eye on
'TERYLENE'
Polyester C·I·L Fibre
THE TALENTED TEXTILE FIBRE
*Registered trade-mark polyester fibre

Il est relativement facile de prédire les besoins futurs du Canada pour répondre à l'accroissement des services de santé, si l'on examine la proportion du nombre d'infirmières par rapport à la population depuis vingt-cinq ans.

En 1931, il y avait au Canada une infirmière pour 576 personnes et du chômage parmi les infirmières.

Aujourd'hui, il y a une infirmière pour 286 habitants et l'on manque d'infirmières.

Les besoins majeurs en nursing au point de vue de l'économie future du Canada furent énumérés comme suit :

La nécessité de déterminer, au moyen de recherches :

Les besoins de la population en matière de nursing pour l'exécution du programme de santé actuel et futur.

Le personnel requis.

Les moyens les meilleurs et les plus économiques de préparation du personnel requis.

Les avantages de nos programmes actuels et la nécessité d'en faire une évaluation en regard du développement et des progrès de la science médicale.

Le besoin d'aide financière :

Pour s'assurer les services de personnes capables d'exécuter telles recherches et de les préparer en conséquence, puis pour défrayer le coût de la recherche proprement dite.

Pour assurer un programme véritablement éducatif en nursing ; les candidates qualifiées ne devraient pas être empêchées de s'inscrire à l'école d'infirmières par le manque de ressources financières. Elles devraient pouvoir bénéficier de bourses d'études pour leur permettre de faire le cours d'infirmière.

Pour permettre aux infirmières qualifiées qui pourraient occuper des postes de commande de se préparer en conséquence.

Parlons d'accréditation

Lors du 28ième Congrès National à Winnipeg, si vous désirez participer à la discussion pendant la journée consacrée à l'éducation, il serait bon de vous y préparer par un peu d'étude. L'A.I.C. et le Comité de l'Education en nursing vont vous demander de penser sérieusement à notre responsabilité concernant de nouvelles méthodes d'évaluation de nos écoles d'infirmières du Canada. Un programme d'accréditation serait peut-être la solution à ce problème. Une série d'articles sur ce sujet a paru dans l'Infirmière Canadienne en 1950. Les informations qui s'y trouvent devraient être connues de toutes celles qui seront appelées à exprimer une opinion. Alors, rafraichissez votre mémoire sur les principes de l'évaluation et de l'accréditation en consultant les numéros suivants de L'Infirmière Canadienne : février, page 112 ; mars, page 187 ; avril, page 278 ; juin, page 460 ; octobre, page 819.

Infirmières canadiennes au Ceylan

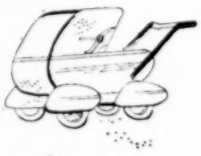
Nous nous rendons compte que les infirmières employées par les agences internationales de santé ne nous oublient pas. Le secrétariat national reçoit souvent des demandes de renseignements, d'imprimés, etc. de la part d'infirmières au service de l'Organisation Mondiale de Santé et du Plan Colombo, et de tout ce qui peut les aider à développer leur programme d'enseignement dans ces pays moins privilégiés. Nous avons trouvé au cours de nos recherches un catalogue publié par "The Chicago Medical Book Company", Jackson and Honore Streets, Chicago 12, Illinois, contenant une liste de manuels en nursing, indiquant la date de publication et le nom de l'éditeur.

Questions et réponses

Ici, au secrétariat général, des questions nous sont fréquemment posées auxquelles nous ne pouvons répondre à moins que chacune d'entre-vous nous accorde sa collaboration. Les informations sur les statistiques nous viennent de différentes sources : archives de l'A.I.C., recensement de 1951, statistiques vitales 1953, statistiques concernant les hôpitaux, sanatorias de tuberculeux, d'hôpitaux pour maladies mentales, 1954, etc. Nous nous rendons compte que ces renseignements ne sont pas toujours exacts ni complets. Nous sommes actuellement à préparer un questionnaire concernant les besoins en nursing au Canada dont nous tentons de faire un estimé. Ce questionnaire sera prêt en septembre prochain et distribué par l'entremise des secrétaires-registraires des associations provinciales. Le succès de cette entreprise dépendra en grande partie de la coopération de chaque infirmière canadienne. La réponse à ce questionnaire nous donnera des renseignements exacts et complets que notre bureau national pourra à son tour transmettre. Cette information est essentielle si nous voulons être capables de faire connaitre nos besoins aux membres de notre profession et au public, lesquels pourront ensuite nous aider à trouver les voies et moyens par lesquels nous pourrons satisfaire aux exigences croissantes des services que l'on attend de nous, infirmières.

BABY'S OWN SOAP

a favorite for over eighty years!



Baby's Own Soap is a pure soap, super fatted with a special extract of lanolin, to make it mild and gentle for the tender skin of babies. It contains no free caustic soda, no coloring agents or fillers. Thorough tests show that components of the perfume which gives Baby's Own its fresh and delicate aroma are entirely free of elements which would affect the normal skin of babies. Its rich lather gets baby's skin thoroughly clean and clears tiny pores of impurities.

For over 80 years, Baby's Own Soap has been the favorite of Canadian mothers. It has won this long standing faith because it is a product of rigid laboratory control. Automatic processing and close inspection assure uniformity of its high standard of quality. Finally each cake of Baby's Own soap is individually wrapped and boxed to ensure protection of its purity right to the time of baby's bath.

Baby's Own 3 step-care

Une expérience professionnelle

A l'instant où nous écrivons ces lignes, nous recevons une affiche soulignant les points importants du 28ième Congrès biennal. Vous l'avez peut-être déjà vue au tableau d'affiche de votre hôpital ou de votre service de santé ou nous espérons que vous l'y verrez prochainement.

L'on nous annonce aussi que la conférence donnée en mémoire de Mary Agnes Snively, fondatrice de l'A.I.C., sera donnée par B. Hope Sanders, C.B.E., co-propriétaire et directeur du "Canadian Institute of Public Opinion"; excellent orateur et de personnalité intéressante nous sommes persuadées que vous aurez du plaisir à l'entendre.

Aurons-nous le plaisir de vous voir à Winnipeg? Si vous n'êtes pas déjà inscrite, hâtez-vous de le faire en employant la formule que vous trouverez dans ce numéro de la revue.

Visiteurs au Secrétariat National

Il nous a fait plaisir d'accueillir, en février, Mlle E. Kathleen Russell à Ottawa; elle fait présentement une enquête sur l'éducation en nursing dans la province du Nouveau-Brunswick. Mlle Russell nous a apporté, comme toujours, son enthousiasme et sa clairvoyance dans la discussion des choses du nursing. Bientôt nous aurons la visite de Mlle Mavis L. Avery, secrétaire-générale, de la Royal Australian Nursing Federation. Mlle Avery est en tournée d'étude au Canada à titre de boursière de l'O.M.S.; elle est actuellement à Vancouver d'où elle s'acheminera vers Ottawa et Montréal pour se rendre ensuite en Grande-Bretagne où elle continuera son étude.

Un mot de remerciements

Le Comité national qui est à terminer les préparatifs du congrès biennal désire exprimer sa reconnaissance aux convocatrices des divers comités pour l'aide précieuse qu'elles apportent aux membres de L'Association des Infirmières Canadiennes; nous apprécions à sa juste valeur la générosité de ces personnes qui, en plus des fonctions importantes qu'elles ont à exécuter dans les postes qu'elles occupent trouvent encore le temps de collaborer à notre travail d'organisation et, par le fait même, à l'avancement de la cause des infirmières.

Nous les remercions de tout coeur.

The Skin—Mirror of Emotions

The skin may reveal emotional states as eloquently as do the muscles of facial expression. Control of facial muscles may keep the visage inscrutable despite inner turmoil, but voluntary control is useless in suppressing the blush of embarrassment or the cold sweat of fear . . . We speak of the face that becomes "purple with rage" or "white with fear." The person impervious to insult is referred to as "thick-skinned"; the sensitive one is "thin-skinned." Aware of danger, one's "hair stands on end," he may "bristle with courage," or, frozen with fright, have *cutis anserina* (goose flesh). We refer to "sweating-out" an unpleasant time . . . Sensory disturbances of the skin are also induced by emotions. Thus, one "tingles" with expectation or is "tickled" by an amusing incident. Hostility may cause us to "itch for revenge". A repulsive sight makes our skin "crawl" or gives us the "creeps," the very sensations of patients afflicted with delusions of parasitosis. Fearful of a venture, we speak of getting "cold feet." We are "sitting on pins and needles" while awaiting an important decision — a preface to anal and genital pruritus. The symbolism expressed by excoriations has its parallel in the remark "stop picking on me."

— GERALD M. FRUMESS

Research studies indicate that an individual's immunity to an infectious disease may be specifically altered in the presence of another disease, such as Hodgkin's. Curiously enough this inability to fight infection does not involve all types of immune response. Thus, a patient with Hodgkin's disease can resist a streptococcal throat infection very successfully but is unable to protect himself against tuberculosis or brucellosis. This defect in the body's natural defenses lies either in an inability to produce antibodies or in its ability to transport the particular antibodies to the site of infection.

— COMMUNICATIONS ASSOCIATES, INC.

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TICKET OF NOMINATIONS

CANADIAN NURSES' ASSOCIATION

28th BIENNIAL MEETING, JUNE 25-29th, WINNIPEG, MANITOBA

President: (acclamation)	Miss Trenna Hunter	Director of Public Health Nursing, Metropolitan Health Committee, Vancouver, B.C. (Presently—First Vice-President)
First Vice-President: (acclamation)	Miss Alice Girard	Director of Nursing, St. Luke's Hospital, Montreal, Que. (Presently—Second Vice-Pres.)
Second Vice-President:	Miss Helen Carpenter	Assistant Professor, University of Toronto School of Nursing, (Presently Chairman, Committee on Legislation and By-Laws)
	Miss Muriel Hunter	Director, Dept. Health & Social Service, Public Health Nursing Service, Fredericton, N.B. (Presently—Third Vice-President)
	Miss Hester Lusted	Assistant Professor of Nursing, University of Saskatchewan, Saskatoon, Sask.
Third Vice-President:	Miss E. A. Electa MacLennan	Director of Nursing, Dalhousie University, Halifax, N.S.
	Miss Grace Motta	Superintendent of Nurses, Moose Jaw General Hospital, Sask.
	Miss Helen Wilson	Matron, Deer Lodge Hospital, Winnipeg, Man.
	Miss Mary E. Wilson	Assistant to Public Health Director, Department of Health, Winnipeg. (Presently—President Manitoba Association of Registered Nurses)
Nursing Sisterhoods		
Maritime Region:	Sister Helen Marie	Director of Nursing St. Joseph's Hospital, Saint John, N.B. (Presently—Maritime Sisterhood Representative)
	Sister Jean Eudes	Director of Nurses, Hamilton Memorial Hospital, North Sydney, N.S.
	Sister Mary Irene	Educational Director, School of Nursing, Charlottetown Hospital (Presently—President, Association of Nurses of P.E.I.)
	Sister Marie Simone	Director of Nurses, St. Martha's Hospital, Antigonish, N.S.
Quebec Region:	Sister Florence Keegan	Professor, College Marguerite d'Youville, Montreal, Que.

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Acetylsalicylic Acid, 4¾ grains. Phenacetin, 1¾ grains.
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Availability: **Tins of 12, bottles of 48 and 120.**

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	Sister Mary Felicitas	Director of Nursing, St. Mary's Hospital, Montreal, Que.
	Sister St-Ferdinand	Director of Nurses, St. Michael the Archangel Hospital, Quebec City, Que.
Ontario Region:	Sister Francoise de Chantal	Superintendent of Nurses, St. Joseph's Hospital, Sudbury, Ont.
	Sister Madeleine de Jesus	Director of Nursing Education, Ottawa University.
	Sister Mary Frances de Sales	St. Michael's Hospital, Toronto (Presently—Ontario Sisterhood Representative)
	Sister Mary Ursula	Director of Nursing, St. Joseph's Hospital, Hamilton.
Western Region:	Sister Adele Levasseur	Educational Director, Regina Grey Nun's Hospital, Regina, Sask.
	Sister Mary Beatrice	Director, St. Michael's General Hospital, Lethbridge, Alta.
	Sister Mary Laurentia	Providence Hospital, Moose Jaw, Sask.

Signed: Dorothy Gill, *Chairman, Nominating Committee*
Signed: Pearl Stiver, *Secretary, Nominating Committee*

It is recommended that a program of research into the cause and prevention of heart disease should be undertaken on international lines. The disease designated for special investigation is *ischemic heart disease.* This condition is defined as "the cardiac disability, acute and chronic, arising from reduction or arrest of blood supply to the myocardium... The main pathological processes involved are atherosclerosis and thrombosis of these vessels." Angina pectoris is the most clearly recognized type of ischemic heart disease.

Factors contributing to or causing this disease are not clearly defined. A number of factors may be at work simultaneously — their action differs according to the individual and his social or ethnic group. Very striking differences are noted from country to country but the interpretation of their significance is difficult. In the USA, UK and Sweden more men than women die from ischemic heart disease, but in the Netherlands female mortality is higher. Diet and obesity *may* be important factors but there are populations containing many obese individuals which have a lower rate of ischemic heart disease than the US or UK e.g. Norway or Japan. It has been noted that in areas of low-fat diet individuals have a relatively low incidence of ischemic heart disease. In Europe, under wartime conditions, reduction of fat consumption was paralleled by a lowered mortality from heart disease.

Occupational and social status may have a bearing. Professional and business men suffer from ischemic heart disease more frequently and more severely than people in more physically active jobs. The relationship between heavy smoking and cardiovascular disease is becoming more obvious. High alcoholic consumption is also connected with an excessive death rate.

The research necessary to establish a meaningful association between these factors and heart disease is felt to be one of the most difficult tasks in medical research. It has been recommended that pilot studies should be under the direction of the World Health Organization. In the meantime the best advice to be followed in the prevention of heart disease is "Be moderate in all things."– PAN AMERICAN SANITARY BUREAU

A Lion, Ass and Fox

A Lion, an Ass and a Fox ran down a Stag and the Ass was to divide the Prey.* As he was doing this Honestly and Innocently, into three equal Parts, the Lion fell on and kill'd him. Then the Lion bad the Fox divide: who had the wit to put the Whole to the Lion's Share, Saving only a Miserable Pittance for him self.

The Moral: "*The Folly of one Man makes another Man wise*".

Doubly wise then is he who profits by the wisdom of others in recognizing established quality.

For Low Fat Diets

Borden's Starlac is an easily digested, highly palatable skim milk powder of prescription quality. Starlac is the most economical source of protein available, and is superior to ordinary skim milk in

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STARLAC—APPROXIMATE COMPOSITION

	Dry	Reconstituted*
Protein	36.5%	3.5%
Lactose	52.0%	5.0%
Milk Fat	1.0%	0.1%
Minerals	8.0%	0.8%
Calcium	1.3%	0.13%
Phosphorus	1.0%	0.1%
Moisture	2.5%	90.6%
Calories (per oz.)	103	11

*(4 oz. by weight to 40 oz. water—1 qt.)

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Dryco, Lactic Acid Milk Powder (C.M.P. Brand), Evaporated Milk, Nutrilac, Mull-Soy, Protein Milk Powder (C.M.P. Brand)

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Dish-Washing Center

GLADYS BARKER

THE OLD COAL-BURNING boiler room at Grace Hospital in Windsor, Ont., has seen quite a transformation recently. It is now a dish-washing centre, with medical and surgical shipping and storage above, oxygen storage in the former coal depot, a linen storage room from the laundry, and a substation.

(*Wild Studios — Windsor*)

Part of the converted boiler room

To remove the gigantic boilers was, in itself, quite a task. Following this, the entire room was tiled — floors, walls and passageway — in red tile. A ramp replaces former steps and a further passageway leading to the elevator was also excavated and tiled.

Spotless, stainless steel shelves line the room, for dishes.

Nine women are employed full-time, and five part-time to take care of 225 trays. Following the serving of the patients' trays on the separate floors — this being a bungalow type of building — the trays are collected, put on tray racks and returned to the dish-washing centre.

Two stainless steel counters receive the trays, with garbage collectors underneath. The dishes are scraped and put into the dish-washing machine. This is one of Hobart's latest models, and will wash and dry silver, glassware and china. A special Economy Laboratory, attached to the machine, dispenses sufficient disinfectant, and a thermostatic control keeps the temperature at a sufficiently high degree.

This procedure, three times a day, takes about two hours on each occasion. The trays are re-set, ready for the next meal, and taken on the tray rack to each separate floor.

Sr. Major Barker is superintendent of Grace Hospital, Windsor, Ont.

Did You Know —

That the Health League of Canada reports a survey which revealed that 30 to 40 per cent of the people use little or no milk.

That 35 per cent of the milk sold in Canada for human consumption is not pasteurized.

That Ontario and Saskatchewan are the only provinces where the pasteurization of milk is compulsory. *CAC Bulletin*

Let's start at the **Beginning**

During the newborn period—whenever you are ready to specify foods to supplement the milk or formula diet—Gerber offers specific starting foods, designed to meet early nutritive needs of your baby patients.

Gerber Strained Orange Juice

Uniformly high vitamin-C value—40 mg. of ascorbic acid per 100 cc. Minimum peel oil and seed protein residues for hypoallergenicity.

Gerber Strained Bananas

Only fully ripe fruit used—degree of ripeness always uniform. Provides easy-to-digest carbohydrates—one of 11 Gerber Fruits for Babies.

Gerber Famous 5 Cereals

Rice, Barley, Oatmeal, Wheat and Mixed Cereal—for good prescriptive latitude. All enriched to more than whole-grain value with iron, calcium, B-vitamins.

Gerber Strained Meats

Made from selected juicy cuts, Gerber Meats for Babies are free of sinew and coarse connective tissue. Low fat value. 6 varieties.

Babies are our business . . . our only business!

Gerber

BABY FOODS

NIAGARA FALLS, CANADA

5 CEREALS • OVER 66 STRAINED AND JUNIOR FOODS, INCLUDING MEATS

Sélection

Une Salle pour Enfants Brûlés, dans un Hôpital.

CERTAINS HÔPITAUX, notamment le Guy's Hospital, ont organisé une section spéciale pour le traitement des enfants victimes de brûlures. Celle-ci consiste en quelques chambres contiguës, à proximité du quartier chirurgical.

Une première pièce est réservée au traitement du brûlé à l'admission; sédation des douleurs, par la morphine notamment; traitement du choc par remplacement du plasma exsudé dans les tissus à l'aide de solutions salines, de plasma ou de Dextraven (très efficace et exempt de l'inconvénient que présente le plasma qui peut être vecteur de virus d'hépatite); traitement local des brûlures s'il est nécessaire (nettoyage, désinfection, évacuation des phlyctènes, mais sans enlever la peau morte à moins qu'elle ne soit visiblement infectée). Cette pièce contient donc les médicaments d'urgence, tout ce qu'il faut pour la ressuscitation du malade choqué, notamment l'oxygène, le matériel nécessaire aux perfusions intraveineuses, au sondage vésical, à l'anesthésie, à la toilette et au pansement des plaies, et entre autres un stérilisateur. Le malade est traité dans la pièce d'admission durant les premières 24 ou 48 heures.

L'exposition des brûlures à l'air sans pansement ni applications locales d'aucune sorte constitue la méthode de choix chez l'enfant. Elle évite les changements douloureux de pansements qui souvent exigent l'anesthésie générale et interfèrent avec l'alimentation. En deux ou trois jours l'exsudat de la brûlure forme une croûte qui la protège de l'air et sous laquelle s'opère la cicatrisation.

Lorsque le traitement initial est terminé, l'enfant passe dans la petite salle adjacente, de trois ou quatre lits, où il séjournera jusqu'à sa guérison. Une deuxième chambre de quelques lits peut recevoir en effet soit des enfants brûlés, s'ils sont particulièrement nombreux, soit d'autres malades chirurgicaux. Les lits sont équipés de matelas en plusieurs segments, permettant d'enlever le segment sous-jacent à une brûlure. L'organe brûlé fait pont, et les contacts douloureux sont ainsi limités au minimum. Bras et jambes doivent être parfois immobilisés par des attelles pour empêcher les mouvements et frottements excessifs. L'on évite par des linges stériles tout contact des brûlures avec la literie.

L'infection est minimisée par les précautions prises lors des soins: port du masque par les infirmières, lavage soigné des mains avant de s'approcher du patient; les antibiotiques sont utilisés préventivement, notamment la péniciline per os.

Si la brûlure n'est pas trop profonde, l'eschare se détache entre le 10e et le 20e jour. S'il faut plus de 20 jours au décollement, des greffes sont généralement nécessaires. Après 15 jours, la séparation de l'eschare peut être accélérée en imbibant de paraffine les pansements posés, ou par des applications d'enzymes. Lorsque, au bout de 20 jours, l'eschare s'est détachée, si des fragments restent adhérents ils doivent être excisés et l'on applique des greffes cutanées.

En cas de brûlure profonde bien circonscrite, l'excision initiale du tissu brûlé et la suture en tissu sain permettent une guérison très rapide. Cette méthode convient particulièrement pour les brûlures localisées profondes de la main.

Dès que le patient manifeste de l'appétit, il recevra un régime riche en calories et en protéines.

Les visites quotidiennes des parents doivent être encouragées, et au début, la présence de la mère pendant la plus grande partie du temps est désirable. Elle aide l'enfant à avoir confiance et atténue l'anxiété engendrée par l'accident.

Après les premiers jours, l'ennui devient le pire ennemi de l'enfant et il est utile de l'occuper (occupational therapy). Une activité scolaire organisée au sein de l'hôpital offre la solution la plus heureuse et détourne la pensée de l'enfant de l'accident. S'il est inoccupé, il a tendance à gratter et à arracher les croûtes, favorisant ainsi l'infection.

Ces enfants, souvent insubordonnés, doivent faire l'objet d'une surveillance attentive; il est utile d'avoir une infirmière à temps complet dans la section des brûlés: elle arrive ainsi à connaître très bien ses enfants, tandis que ceux-ci s'attachent à elle.

Elle devient experte aussi à ajuster les dispositifs qui préviennent le frottement au niveau des brûlures. La continuité de sa présence contribue à assurer une atmosphère

heureuse, si importante à la guérison.

Les parents sont très affectés durant les premiers jours; ils s'inquiètent de savoir si l'enfant gardera des cicatrices, devra être opéré, et du temps qu'il devra rester à l'hôpital. Ils éprouvent aussi un sentiment de culpabilité. La vue des brûlures non couvertes leur est particulièrement pénible. Cependant, dès que la croûte se forme, ils reprennent courage. On les aide en leur expliquant, à l'admission, le traitement que subira l'enfant et les différentes phases de la guérison. D'autre part ils trouvent un encouragement dans le contact avec d'autres parents qui peuvent leur raconter les progrès survenus chez leurs enfants, hospitalisés depuis plus longtemps.

par J. R. Tanner, *Nursing Times* 51:220 4 mars 1955.

The Pickwickian Syndrome

Members of the New England Cardiovascular Society heard a strange case history reported at a meeting recently. A patient was described who sought medical aid after he fell asleep in a poker game of high stakes while holding three kings and two aces. The patient was an extremely fat 54-year-old business executive. His ankles were swollen, his breathing was rapid and shallow, his muscles twitched while awake and asleep. He had a tendency to swoon and to sleep with confusion between dreaming and reality. The diagnosis was Pickwickian Syndrome.

The syndrome was first recorded in literature by Charles Dickens in *Pickwick Papers*. Dicken's "wonderfully fat boy," Joe, is a vivid description of this pathologic state characterized by obesity, sleepiness, excessive appetite and fatigue. The syndrome is explained by a tremendous increase in abdominal girth with decrease in pulmonary reserve and pulmonary ventilation. To establish the diagnosis there must be no significant disease condition other than obesity and the syndrome must be reversible with weight reduction. On a diet the patient's weight fell from 263 pounds to 226 lbs. and sleepiness, swollen ankles and shallow rapid respiration disappeared.

— Communications Associates

* * *

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Book Reviews

Program Guide for Future Nurses' Clubs, 78 pages. Published by the National League for Nursing Education, 2 Park Avenue, New York 16, N.Y. 1955. Price 50 cents.

Reviewed by Mrs. Fay Cohen, Jewish General Hospital, Montreal.

This book is well constructed and entertainingly written. It is easy to follow; answers all possible questions about organization of the clubs and suggests projects that allow for active participation of all club members. The Program Guide should be kept in grammar school and high school libraries, and on the desk of every vocational guidance counsellor. Its pages contain much general information on nursing, both professional and practical.

However, it should be pointed out that some of the projects mentioned in the "Guide" are essentially for use in clubs in the United States. Therefore, clubs and projects here should be considered after consultation with an adviser active in nursing and the community. The book is practically a "Who's Who" of the various fields of nursing open to those making nursing their career.

The advice given; the projects suggested; and the careful appeal given to make youth aware of its place in the community makes this an invaluable aid in student nurse recruitment.

Manuel du Service du Nursing à l'Hôpital, 117 pages. Ce volume est une traduction, par le Ministère de la Santé Nationale et du Bien-Etre, de l'ouvrage intitulé: "Nursing Service Manual" publié par la National League of Nursing Education. On peut se le procurer au bureau de l'Association des Infirmières de la Province de Québec, 506 Edifice Medical Arts, 1538 ouest, rue Sherbrooke, Montréal 25, Qué.

Revue de ce manuel par Soeur Florence Keegan, M.Sc., institutrice à l'Institut Marguerite d'Youville, Montréal.

Le service des malades dans l'organisation complexe de l'hôpital moderne a créé, depuis quelques années, le besoin d'un manuel d'organisation et d'administration pour le département du nursing. Le désir des directrices du nursing et des infirmières de nos hôpitaux canadien-français, vient d'être comblé puisque le Manuel du service du nursing à l'hôpital, publié sous l'égide de l'American Hospital Association, de la National League of Nursing Education en 1950 a été récemment traduit en français.

Ce travail met en lumière les principes fondamentaux d'un bon service du nursing à l'hôpital et a pour but de servir de guide aux administrateurs, aux directrices du nursing et au personnel infirmier des hôpitaux d'expression française. Ce volume, de format plutôt restreint, présente une somme de matière considérable sous une forme synthétique et condensée. Celles qui ont la responsabilité du soin des malades trouveront le manuel indispensable. En plus de traiter particulièrement de l'organisation du service du nursing à l'hôpital, il offre de nombreuses suggestions très utiles et faciles à adapter pour évaluer ce même service dans n'importe quelle situation.

Le premier chapitre étudie le rôle que joue le service du soin des malades dans l'organisation et la structure administrative d'un hôpital. Suivent les principes d'organisation qui sont la base d'une bonne administration, mettant en rapport méthodique tous les rouages d'une entreprise afin d'atteindre les fins désirées. Dans les cinq chapitres suivants on trouve une description des fonctions du personnel infirmier, de sa compétence et des rapports interdépartementaux, et les méthodes pouvant servir à perfectionner la coordination des services. Les trois derniers chapitres concernent le budget et la comptabilité, les registres, les rapports, etc., en un mot toutes les dispositions administratives nécessaires au bon fonctionnement du service des soins aux malades.

Les chapitres sur les "mesures administratives assurant le service des soins infirmiers" sont surtout à propos et seront particulièrement consultés avec avantage par la directrice du nursing dans l'organisation du personnel professionnel et nonprofessionnel d'un service de malade. Ils indiquent les éléments importants qui influencent et modifient les mesures administratives; ils contiennent aussi des tableaux et des illustrations pratiques sur les méthodes à employer pour déterminer le nombre et la composition du personnel infirmier d'un service de malade à l'hôpital. Chaque chapitre s'enrichit d'une excellente bibliographie de sources particulièrement choisies et facile d'accès; de plus, leur brièveté rend leur consultation pratique.

Ce petit livre plaira à tous ceux qui s'inté-

ressent à la science hospitalière. De format réduit et d'une lecture facile il est bien adapté à son but; cet effort de publication est évidemment un excellent moyen administratif qui devrait contribuer grandement à la solution des problèmes toujours croissants de l'administration hospitalière. On ne saurait trop recommander la diffusion de ce volume, préparé avèc compétence dans le but de faciliter le service du nursing.

Physical Therapy After Amputation, the Treatment of the Unilateral Lower Extremity Amputee, by Margaret Bryce. 93 pages. The University of Wisconsin Press, 811 State St., Madison, Wis. 1954. Price $1.50.

Reviewed by Lottie Smith, Nursing Arts Instructor, General Hospital, Kingston, Ont.

In this manual the author has achieved her purpose which is stated thus: "To provide physical therapists and students of physical therapy with an outline of basic techniques for the treatment of the unilateral lower extremity amputee."

The topics dealt with give a complete picture of the physiotherapy measures employed. These are bed positioning, bandaging, exercises, prosthetic training, limps, prosthesis and the suction socket. The material is suitably illustrated with twenty line drawings. A time table showing the progress of the patient from the time of operation to his final discharge from hospital five months later and a bibliography complete the material. The information given in this book would be very useful to all the members of the team engaged in the rehabilitation program of the amputee. The text is valuable as a hand book for the patient. The material on bed positioning, bandaging and exercises would be helpful to the nursing staff who, as the author states, "should be well aware of the importance of correct bed position and of the role of the nurse in the early treatment of the amputee."

The problems which arise in fitting a patient for an artificial limb and training him how to use it are dealt with in some detail. Unfortunately the psychological implications involved are not discussed.

Attitudes in Psychiatric Nursing Care, by M. Olga Weiss, B.Sc. 111 pages. G.P. Putnam's Sons, 2 West 45th St., New York City. 1954. Price $2.00.

Reviewed by Sister Thomas Joseph, Halifax Infirmary, Halifax, N.S.

In this practical book a veritable banquet of thought is prepared for the reader by the

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well-qualified and experienced author. The objectives are clearly defined and covered in a concise, succinct style. They run parallel with clarity of thought and breadth of vision.

The value of this book rests on the fact that it is neither narrow in scope nor burdened with baffling psychiatric terms. True, it is directed primarily toward the needs of the mentally ill patient, but it covers many of the intangible problems present in general nursing. This book could be used to advantage by both teacher and student, in such allied subjects as professional adjustments and mental hygiene. The dominant characteristics of the ideal psychiatric nurse are portrayed in these words: "The nurse must, in short, be prepared to see naked emotions and must be able to meet them with warmth, understanding and relaxation."

Miss Weiss' book, with its valuable reference lists at the end of each chapter, is a choice selection among the various books written on nurse-patient relationships.

* * *

One's ability to overcome temptation is in direct proportion to the distance from it.

* * *

Babies may develop flat feet or become pigeon-toed if they sleep too much on their abdomens during early months of life.

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— COMMUNICATIONS ASSOCIATES, INC.

In the Good Old Days

(*The Canadian Nurse* — MAY, 1916)

Now that the convention is so near, all the associations will be completing their arrangements for sending their delegates... The nurses of Winnipeg are enthusiastic about the convention and are very busy making ready for their guests.

* * *

A most interesting lecture on suffrage was delivered giving the reasons why women should have the vote. In the first place, men have no right to withold it; secondly, women are citizens the same as men. They have to abide by the laws men make, and while it is denied them to even place their foot on the bottom rung of the ladder of government, men forget that they allowed a woman to be at the top of the ladder — surely there

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* * *

The result of school nurses' work has been so successful that there is now, though it is only eleven years since the first school nurse was appointed in America, no city or town or any size in Canada or the United States without its staff of school nurses, and many country places are employing a nurse for a group of schools.

* * *

The British Columbia Association of Graduate Nurses . . . decided that the importance of the proposed bill providing for the registration of practising nurses throughout the province, and the standardization of the training curriculum in the various hospitals, impelled the association to again press for its consideration at the present session of the Legislature.

* * *

The annual report of the Victorian Order of Nurses indicated that there were 292 members working under the Order. During the year 44,175 patients were cared for and 308,548 visits were made by the district nurses.

In truth, the best social workers are mothers.

* * *

A good many new and good things in medicine were developed in old hospital buildings.

* * *

Hardening of the heart ages people more quickly than hardening of the arteries.

Ontario

The following are staff changes in the Ontario Public Health Nursing Services:

Appointments — *Elphegina Parenteau* (Ottawa Gen. Hosp., U. of Montreal) to the Eastview Board of Health. *Mary (Boden) Sutherland* (Royal Inland Hosp., Kamloops, U.B.C.) to East York-Leaside Health Unit. *Rena (Reynolds) Harris* (P. E.I. Hosp., Dalhousie Univ.) and *Eleanor (Mason) McLean* (Hamilton Gen. Hosp. and U. of Toronto) to Stormont, Dundas & Glengarry* H.U. *Wilma Winkelman* (Tjokini Hosp., Indonesia and Netherlands Diploma "A" in P. H. Nursing) to Toronto Dept. of P.U.

Resignations — *Jean Rhoten* from the position of supervisor, Timiskaming H.U.

News Notes

ALBERTA

District 8

Lethbridge

Fifty members attended the chapter meeting in February and elected the following slate of officers: J. Monteith, president; Mrs. McKenzie, 1st vice-pres.; Sister Mary Peter, 2nd vice-pres.; E. Whittaker, sec.; Mrs. Montgomery, treas.

Dr. McTavish was the guest speaker at the March meeting. He chose various aspects of psychiatry as his topic.

BRITISH COLUMBIA

East Kootenay District

Cranbrook

Mr. J. S. Dunlop was the guest speaker at a recent chapter meeting. Mr. Dunlop was instrumental in the development of the local district unit of the Canadian Arthritis and Rheumatism Society. In his address he outlined the growth of this society on the national, provincial and district levels. Mrs. C. Ferguson reported on the councillors' meeting held earlier in Vancouver. Members expressed their regret in losing Sr. Thérèse Amable from their organization. Sister Amable is now the Superior of the Lacombe Home in Midnapore.

Fort George

Mrs. A. Embleton, retiring chapter president, reported an active and successful year during 1955. The slate of officers elected for the new term of office included the following: Mrs. Doreen Park, pres.; Mrs. G. Ferry, vice-pres.; E. Quenville, sec.; Mrs. I. Ford, treas. A highlight of this annual meeting was a panel discussion of the topic "Are We Caring For the Chronically Ill?" Participating in the panel were Dr. P. W. Caron, Mrs. B. Moran of the Social Welfare Department, Mrs. P. Yaholnitsky of the Cariboo Health Unit and Mrs. W. Warner of Prince George Hospital records department.

Kamloops-Okanagan District

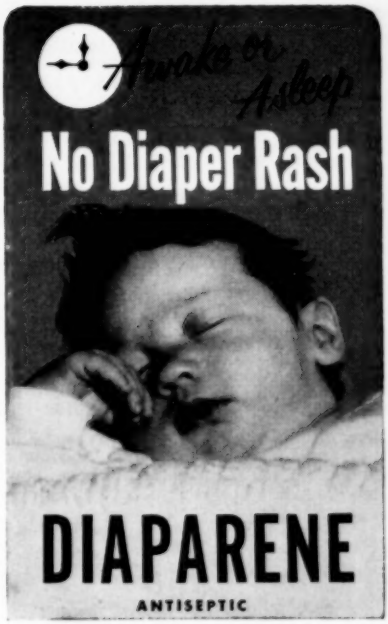
Vernon

The following members have been elected to the executive of the Kamloops-Okanagan district: Mrs. A. Paterson, pres.; Mrs. C. Pearson, 1st vice-pres.; M. Rowles, 2nd vice-pres.; Mrs. E. Howes, sec.-treas.

Vancouver

St. Paul's Hospital

Members of the alumnae association participated in the reception which followed a



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recent capping ceremony for 66 preclinical students. Mrs. Collishaw, president of the association, was a guest speaker during the orientation program for the class of 1959. She dealt with spare time recreational activities.

Dr. F. McCaffrey and Mr. N. McMillen discussed the topic of anesthesiology in a most able manner at the regular alumnae association meeting in March. Plans for the annual spring dance under the convenership of Mrs. P. Tapping and Mrs. C. Fordyce are well advanced.

K. Dufton is nursing with the Norman Wells (Oil Industry) in the Peace River area.

Vancouver Island District

Comox

The Plateau chapter held their annual meeting early in February with election of officers for the present year. The following members form the executive: M. Cutler, pres.; Mrs. W. K. Hind, vice-pres.; Mrs. R. Williamson, sec.; Mrs. P. Cliffe, treas. M. Cutler represented the chapter at the annual district meeting in Victoria.

Late in February approximately 16 members attended the course in body mechanics conducted by Sr. M. Eucheria, Sr. M. Carmichael, Sr. M. Margaret Ann, M. Cutler, and Mrs. W. Hind. Staff nurses from St. Joseph's Hospital have been given a similar opportunity to attend the course. For all who had completed this special training, a movie entitled "The Rehabilitation of Paraplegics" was shown following the lecture series.

Nanaimo

At the annual meeting of the chapter held earlier this year the following members were elected to executive positions: Mrs. M. Belton, pres.; Mrs. V. Murray, vice-pres.; Mrs. L. Akenhead, sec.; Mrs. I. Walker, treas.; Committees: Publicity, Mrs. B. Bennett; Bursary, Mmes. J. Wilson, G. Dorman, Miss D. Carter; Sick Visiting, Mrs. R. Hulme; Civil Defence, Mrs. J. Wilson; Entertainment, Mmes. S. Mouatt, J. Best; *The Canadian Nurse*, E. Williamson.

West Kootenay District

Rossland

A resume of activities for 1955 indicated an active and successful year. A total of eight guest speakers provided programs of an interesting and educational nature. A successful home nursing series was conducted and graduation certificates were presented by Mrs. L. deSatge, provincial director for Red Cross Home Nursing. A rummage sale and dance provided sources of revenue. Two high school students, entering nursing as a career, received awards of $25, while a donation was made to the hospital to aid in the purchase of an incubator. Among those elected to serve on the executive for

the current season were: Mrs. E. V. Topliff, pres.; H. Schreuer, vice-pres.; Mrs. P. Prestley, sec.; Mrs. R. A. Williamson, treas.

The guest speaker, Dr. R. Jones, chose as his subject "Hemolytic Disease of the Newborn," providing the opportunity for his listeners to refresh their fund of knowledge concerning the Rh factor. Members were interested to learn that F. McLean had been selected to represent Nelson chapter at the Civil Defence College, Arnprior, where a course on "Casualty Simulation for Civil Defence," was presented.

MANITOBA

BRANDON

The Graduate Nurses' Association enjoyed a most pleasurable deviation from professional activities by delving into the mysteries of palette and paint brush at the March meeting. Mrs. E. J. Skafel, a well-known city artist, impressed her listeners with the happiness and personal enrichment to be found in expression of one's artistic talents. She displayed several of her own paintings as well as those of a contemporary artist.

The association has contributed a sum to the Florence Nightingale church fund in recognition of its desire to preserve the church attended by Florence Nightingale. The annual open house at the Sanatorium was held late in March and the nurses' association tea took place in April.

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NEW BRUNSWICK

SAINT JOHN

A regular chapter meeting was held in the hospital residence late in February with W. Hooser presiding. The guest speaker, Miss C. Wells, cerebral palsy speech therapist, chose language, articulation and voice in relation to cerebral palsy as her topic.

The directors of the Victorian Order of Nurses entertained the director and staff of the local VON following the annual meeting. The hostesses, Mrs. MacMurray, Mrs. J. F. Edgecombe, Mrs. H. MacKay, Mrs. G. W. Ross, Mrs. R. T. Hayes, Mrs. A. J. Coughlan, Mrs. A. B. Gilbert and Miss G. Sullivan entertained at a buffet supper.

St. Joseph's Hospital

Twenty-one students received their caps from Sister Helen Marie following a short religious ceremony in the chapel. The capping pledge was led by Dr. Gallagher. The students entered the chapel carrying small Nightingale lamps and lighted them from a large one held by Miss Elsie Coughlan, director of nursing education.

Members of the February graduating class — N. Belliveau, E. Cunningham, S. Gillis and N. Wedge — were entertained at dinner at the Union Club by Dr. and Mrs. Joseph A. McDougall.

S. Gillis has joined the staff as assistant head nurse in the central dressing room.

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ONTARIO

DISTRICT 5

TORONTO

Western Hospital

Miss Gladys Sharpe, as guest speaker at a recent alumnae meeting, gave an account of her experiences during her visit to Istanbul, Turkey, last summer. The annual dance in honor of this year's graduating class was held in February at the Royal York Hotel. It was well attended and enjoyed by all participants.

The members elected to serve on the executive of the association during this year include: G. Saunders, pres.; J. Taylor, 1st vice-pres.; Mrs. J. M. Gibson, 2nd vice-pres.; Mrs. B. C. Prior, rec. sec.; J. Schedewitz, corr. sec.; J. Scott, treas.

Women's College Hospital

A meeting of the alumnae association was held early in March in Burton Hall. Mrs. Brown from the staff of Simpson's interior decorating department gave members new and interesting ideas for brightening their homes. Plans are well advanced for the annual spring dinner and dance in honor of the graduating class.

The Marion Hilliard Fund to be used for medical research is now well over $8,000. For those interested in contributing, the fund is to remain open indefinitely.

A. Maxwell has joined the staff of St. Boniface General Hospital. N. McCrea is working in the research department at Hospital for Sick Children. H. Muir is on the staff of the Sudbury Hospital.

DISTRICT 8

OTTAWA

General Hospital

The alumnae association elected the following slate of officers for the current year: Mrs. P. Lamoureux, pres.; D. McVeigh, 1st vice-pres.; Mrs. J. Dunn, 2nd vice-pres.; P. Conway, sec.; J. Couture, treas.

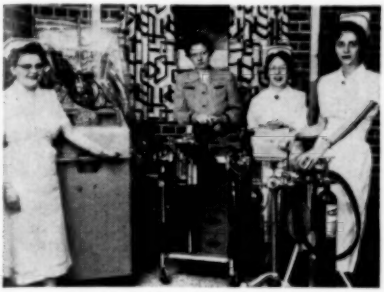
The pediatric ward is to receive a gift of $400 and an additional $25 was voted to be used to establish a student library on the obstetrical ward. Third-year students were guests of honor at this meeting which took the form of a Valentine party.

DISTRICT 9

SAULT STE. MARIE

Sponsored by the R.N.A.O. and the local Nurses' Registry, the 8th annual refresher course for graduate nurses was held in the General Hospital on February 6, 8, 13, 15. Diabetes mellitus was the subject chosen by Dr. James Gibson, while Dr. W. E. Hutchinson and Dr. A. A. Grant discussed chest surgery and mental health respectively.

One evening was devoted to the demonstration of hospital equipment and nursing procedures.



Demonstrators and equipment

On the final evening, Miss Carol Adams, educational secretary for the R.N.A.O., was the guest of honor. She explained the concept of study groups for curriculum planning and other educational projects. The course concluded with a buffet supper and social evening.

QUEBEC

District 9

Quebec City

The nurses' residence of the new and very modern Jeffery Hale's Hospital was the gathering place for 46 members of the English chapter at their recent annual meeting. A dinner party held in the cheerfully decorated cafeteria preceded the business session. The following slate of officers was elected for the current term. J. Walters, chairman; Mrs. W. F. Greene, 1st vice-chairman; Mrs. M. Eglinton, 2nd vice-chairman; Mrs. R. Caron, sec.-treas. At the conclusion of the business session, a social hour was spent in the oak-panelled lounge of the residence.

Jeffery Hale's Hospital

Miss E. Ford and Miss E. Walsh were awarded life memberships in the alumnae association recently. At the annual meeting held late in February, the following members were elected to the executive: Mrs. J. Myers, pres.; Mrs. A. M. Seale, 1st vice-pres.; Mrs. G. Burns, 2nd vice-pres.; Mrs. K. Baptist, sec.; Mrs. E. N. Denison, treas.

District 11

Montreal

Pour la première fois dans l'histoire de leur communauté, des Religieuses Hospitalières de Saint-Joseph (dont la maison générale est à Montréal — Hôtel-Dieu) iront diriger un hôpital en Afrique. Six d'entre elles nous ont quittées, par avion, à destination de Porto-Novo, capitale du Dahomey français, où elles prendront la

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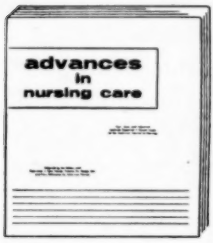

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direction d'un nouvel hôpital de 400 lits. Elles sont les SS. Florence Moreau, Cécile Branchaud, Jacqueline Gagnon, Julienne Boisvert, économe, Marie-de-l'Assomption, assistante-supérieure et Claire Trudel, supérieure.

Hôpital St-Luc

Mademoiselle Michelle Thériault, a accepté un poste d'infirmière à l'Hôpital Ste-Thérèse de Chesterfield Inlet, Baie d'Hudson. Après un voyage aérien de plus de 15 heures, elle atteignit ce hameau de quelques 200 habitants, esquimaux et blancs. L'Hôpital Ste-Thérèse a 60 lits et dessert une immense région; son oeuvre merveilleuse enthousiasme Mlle Thériault.

L'Association des Infirmières de la Province de Québec, chapitre français félicite cette courageuse jeune infirmière et lui exprime ses meilleurs voeux de bonheur.

SASKATCHEWAN

SASKATOON

City Hospital

Forty-three preclinical students received their caps at a recent candle-lighting ceremony attended by parents and friends. Mrs. E. Dumas, educational director, presented

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the students and Mrs. E. Hayward capped each girl. J. Peterson, who attained the highest marks in theory, received a prize and a bouquet of flowers on behalf of the Florist Telegraph Association.

Mrs. A. Colborne who has recently retired from the night supervisory staff, was the guest of honor at a tea. M. E. Talmay and Mrs. E. Hayward presented her with a gift on behalf of the teaching and administrative staff members in recognition of her service.

G. Klingenburg, N. Sanders and E. Kowalenko have joined the staff of the hospital.

St. Paul's Hospital

Thirty-five students received their caps, symbol of successful completion of their preclinical term, at an impressively simple ceremony held in the chapel. Relatives and friends shared in the pride of each girl as she received her cap from Father D. Pankhurst, hospital chaplain. A brief religious service followed the presentation before students and guests assembled in the auditorium of the nurses' residence. There, pins were awarded to the members of a senior class who had reached the halfway mark in their training and 30 new students were welcomed and introduced. Each class contributed to the evening's entertainment, a special feature being the appearance of both the senior and junior Glee Clubs.

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735 New Federal Bldg., Victoria Ave. & Rose St., Regina, Sask.;
(4) Regional Superintendent,
522 Dominion Public Building, Winnipeg, Manitoba;
(5) Zone Supervisor of Nursing, Indian and Northern Health Services,
Box 292, North Bay, Ontario;
(6) Zone Supervisor of Nursing, Indian and Northern Health Services,
P.O. Box 3427, St. Roch Branch, Quebec, P.Q.;
(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

Also, any of the hospitals named above.

or

Chief, Personnel Division,
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Educational Director for 3-yr. Diploma Course in School of Nursing in 800-bed hospital. Apply Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

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Asst. Director of Nursing for 450-bed hospital with school of nursing. Experienced, preferably with University Certificate of postgraduate training. Salary according to experience. 40-hr. wk. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Supt. of Nurses (1), General Duty Nurse (1), immediately, for modern 20-bed hospital opening shortly. Interesting general work including acute surgery and maternity. Salary as recommended by R.N.A. of Alberta. Good Personnel policies. Pleasant town in the beautiful Peace River country on main highway to Alaska. Apply I. M. Hill, Sec.-Treas., Municipal Hospital, Beaverlodge, Alta.

Matron (Reg'd. Nurse) for small 12-bed hospital. Salary: $250 per mo. plus full maintenance. Living quarters at the hospital. Duties to commence May 22. **Reg'd. Nurses (2) one for general duty, one for general duty & part time doctor's office.** Salary: $205 per mo. plus full maintenance. All salaries increased according to schedule. Duties to commence as soon as possible. Apply Sec.-Treas. Municipal Hospital, Cereal, Alta.

Supervisor (Nursing Service) for 50-bed General Hospital. Salary: $210 plus maintenance. 44-hr. wk., 3-wk. vaaction, 10 statutory holidays, 14 days sick leave. Apply Miss M. Jarvis, Matron, Municipal Hospital, Wainwright, Alta.

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Operating Room Supervisor. Starting Salary: $300 per mo., **Graduate Nurses** for 100-bed **West Coast General Hospital. Salary: $250 per mo. less $40 for board, residence,** laundry. 3 annual increments; $10 per mo. night duty bonus. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance up to $60 refunded after 1 yr. Apply Director of Nursing, General Hospital, Prince Rupert, B.C.

General Supervisors, Operating Room Nurses and General Duty Nurses for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40-hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

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Operating Room Supervisor (1) & Nursing Arts Instructor (1) for 110-bed hospital. Apply Supt., The Charlotte County Hospital, St. Stephen, N.B.

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Operating Room Supervisor & Assistant Head Nurses for children's orthopedic hospital. Good personnel policies. Pension plan available. Apply Director, Shriner's Hospital for Crippled Children, 1529 Cedar Ave., Montreal.

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Obstetrical Clinical Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working towards degree. Located in "all American City" of 120,000 in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

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Registered Nurses (3) immediately for 36-bed General Hospital in southern Manitoba. Starting salary: $210 per mo. with 3 wk. vacation with pay 1st. yr. employment; 4-wk. vacation thereafter. All statutory holidays. Regular sick leave, 50% Blue Cross payments. Apply Supt. of Nurses, Hospital Dist. No. 24, Box 330, Altona, Manitoba.

Registered Nurses for new modern 20-bed hospital. Duties to commence as soon as possible. Salary $200 per mo. plus maintenance. $5.00 increase every 6 mo. to maximum of $220. Good working conditions & living quarters. Holidays after 6 mo. at rate of 2½ days for each mo. of work, maximum 30 days. Apply Memorial Hospital, Deloraine, Man.

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Registered Nurses for Psychiatry. Student affiliation or postgraduate work preferred. For information apply Director of Nursing, Victoria Hospital, London, Ont.

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Registered Nurses for 28-bed hospital, 48 mi. southeast of Montreal. Salary $150 per mo. $5.00 increment every 6 mo. to maximum $165 plus full maintenance. 1 mo. annual vacation with pay, all statutory holidays, 2 wk. sick leave, Blue Cross paid. 8-hr. day, rotating shifts. Wonderful summer resort 8 mi. from Lake St. Francis. T.V. in nurses' residence. Apply Mrs. M. G. Curran, County Hospital, Huntingdon, Que.

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General Duty Nurse (O.R. experience) for 70-bed hospital on B.C. coast. Salary: $222-$242 per mo. less $25 full maintenance. 28-day vacation plus 10 statutory holidays after 1 yr. Apply Matron, Saint George's Hospital, Alert Bay, B.C.

General Duty Nurses (one, May 1 — one, June 1) for 15-bed hospital. Starting salary: $175 plus full maintenance with $5.00 increases each 6 mo. for 2 years. 1 mo. vacation with pay per yr. Usual holidays. Nurses' quarters in hospital. Daily C.N.R. & bus services. Write, phone or wire The Matron, or Sec., F. J. M. Lijdsman, Municipal Hospital, Oyen, Alberta. Telephone No. 6 or 23-51.

General Duty Nurses (3) for 31-adult bed hospital. Salary: $195 less $20 perquisites. Increase of $10 after each 6 mo. Full maintenance, separate nurses' residence. 2-wk. vacation plus 2-wk. in lieu of statutory holidays with pay after 1 yr. service. 8-hr. shifts, 48-hr. wk. Apply Matron, Municipal Hospital #19, Vulcan, Alta.

General Duty Nurses for 110-bed General Hospital situated in the beautiful Fraser Valley, 68 mi. from Vancouver. Good bus service. Salary: $230 per mo. Personnel policies in accordance with R.N.A.B.C. agreement. 40-hr. wk. Residence accommodation. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

General Duty Nurses. Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses (3) for 27-bed Community Hospital by middle of June. Salary: $230 per mo. with annual increments of $5.00 per mo. 40-hr. wk. 28 days vacation after 1 yr. service. All statutory holidays paid. Room, board & laundry $40 per mo. Apply, giving full details, Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Royal Jubilee Hospital, Victoria, B.C. invites applications for **General Duty Nurses** for permanent positions & vacation relief in 500-bed General Hospital. Salary $227.50-$262.50. 5-day, 40-hr. wk. 4-wk. vacation. 10 statutory holidays. Pension plan. Attractive employee benefits. Apply, Director of Nursing.

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INITIAL SALARY: $225 PER MONTH, PLUS LAUNDRY

EXCELLENT PERSONNEL POLICIES

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General Duty Nurses (2) for new 42-bed hospital on sea coast, 25 mi. south of Vancouver. Salary: $220 for non-B.C. Registered. 40-hr. wk., 28 days annual vacation, 10 statutory holidays. Accumulated sick leave. Apply Director of Nursing, White Rock District Hospital, White Rock, B.C.

General Duty Nurses for 65-bed hospital. Gross salary: $185-$210. 44-hr. wk., statutory holidays. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ont.

General Duty Nurse for Surgical Unit handling thoracic & orthopedic surgery. For further information please apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

General Duty Nurses for well equipped 47-bed hospital. 8-hr. duty, 5½ day wk. Annual vacation with pay, statutory holidays. Full maintenance in new modern residence. For further information apply Supt., General Hospital, Kincardine, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $210 per mo. if registered in Ontario $200 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

General Staff Nurses (immediately) for operating room. Apply Director of Nursing, Civic Hospital, Ottawa 3, Ont.

General Duty Nurses (2) for well equipped small hospital for permanent staff or summer relief. Salary: $175 plus full maintenance. 8-hr. duty, 5½ day wk. rotating shifts, long week-end following night duty. Blue Cross. Popular summer resort. Apply Supt., Saugeen Memorial Hospital, Southampton, Ont.

General Duty Nurses (4) for modern active 45-bed hospital. Busy town of 2,500. Daily bus to N. Battleford & Saskatoon. Basic salary: $225 per mo. les $30 per mo. for maintenance. 8-hr. rotating shift. Separate nurses' residence. Transportation by bus or rail up to an amount of $50 allowed after 1 yr. service. Apply stating age & experience to Matron, Union Hospital, Meadow Lake, Sask.

General Duty Nurses (3) on or after June 15/56 for new modern 23-bed hospital of one floor construction. Population of town 1,500. 50 mi. from the city of Prince Albert & Saskatoon with excellent train & bus connections. Gross salary: $230 per mo. with 6 increments of $5.00 each 6 mo. less maintenance of $30 per mo. Apply stating qualifications & experience to J. L. Fawcett, Sec.-Man., Union Hospital, Rosthern, Sask.

General Duty Nurses. All shifts, no rotation. Starting salary $290, increases to $349 plus shift differential of $10. Specialty services, **Ob-Peds-Tb-Isol** $10-$15 extra. 5 day wk. 3-wk. vacation end of 1st yr. 11 statutory holidays each yr. Nurses' home available at $15 per mo. Ideal location, short distance from San Francisco or mountain resort areas. Apply Director of Nurses, Stanislaus County Hosp., 830 Scenic Drive, Modesto, California.

General Duty Nurses for 650-bed teaching hospital in central California. Salary: $288-$337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

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- Postes d'infirmières surveillantes et infirmières visiteuses dans les avant-postes infirmiers.
- Service de Transfusion.
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DIRECTRICE NATIONALE, SERVICE DU NURSING,
LA SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE,
95 RUE WELLESLEY, TORONTO 5, ONTARIO, CANADA.

General Duty & Surgical Nurses for 64-bed acute treatment, fully accredited hospital in Northern California. Excellent living conditions. Close proximity to vacation areas for leisure time. Full details at once on salaries, working conditions, paid holidays, paid vacations, paid sick leave & other benefits. Please apply Director of Nursing Services, Clinic Hospital, Woodland, California.

Staff Nurses for 100-bed hospital. Gross salary commences at $2,100. Apply Supt. of Nurses, Western Memorial Hospital, Corner Brook, Newfoundland.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with School of Nursing. Salary: $288-$341. Shift, special service & educational differentials, $10. 40-hr. wk; 3-wk. vacation; 11 holidays; accumulative sick leave. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

General Staff Nurses for fully accredited, private teaching hospital located on Lake Michigan, just north of Chicago. Salary range: $303-$328.70. Shift bonus, $26 afternoons & $17 nights. 5-day, 40-hr. wk. Progressive personnel policies. Excellent cafeteria & attractive rooms at reasonable rates. Please indicate type of service preferred. Apply Director of Nursing, Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois.

Staff Nurses & Operating Room Scrub Nurses for 225-bed General Hospital on outskirts of New York City. Salary $240-$280; $20 extra for O.R. duty; $30 for permanent evening duty; $25 for permanent night duty. Apply Director of Nursing, St. John's Riverside Hospital, Yonkers, N.Y.

General Duty Staff Nurses, all shifts. Salary: $260. $10 afternoon & night differential. 40-hr. wk. paid vacation, sick leave, 6 holidays. Write Director of Nurses, Deaconess Hospital, Spokane, Washington.

Graduate Nurses (Labor & Delivery Rooms) for 100-bed unit in maternity hospital. Apply Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience to Matron, Terrace & District Hospital, Terrace, British Columbia.

Graduate Nurses (General Staff Positions) for General Hospital. Salary: $235.50 per mo. as minimum & $273.75 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply Personnel Dept., Vancouver General Hospital, Vancouver, B.C.

Graduate Nurses & Dietician (1) for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation, bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

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Newest hospital in Toronto, situated on The Queen Elizabeth Way, 12 miles from downtown Toronto. Attractive residence facilities available in the new apartment type residence now under construction. Hospital scheduled to open August 1, 1956.

APPLY ADMINISTRATOR

Graduate Nurses (2) on or before May 15 for new fully modern 16-bed hospital. Salary: $230 per mo., $25 deducted for full maintenance. Additional $180 plus 1 mo. vacation after 12 mo. continuous service. New modern nurses' residence. Apply Matron, Union Hospital, Maidstone, Sask.

Operating Room Nurses (2), Registered Nurses & Certified Nursing Assistants for general duty. 44-hr. wk. Statutory holidays. Annual vacation with pay. For further information apply Supt. of Nurses, General Hospital, Cobourg, Ont.

Operating Room Nurse, postgraduate training not essential. All graduate staff. A.N.P.Q. salary scale in effect. 8-hr. day, 5½ day wk. Apply Director of Nursing, Montreal Children's Hospital, Montreal, Que.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Supervisor of Public Health Nursing for generalized program in city of 43,000. 5-day wk., 1 mo. vacation with extra time at Christmas or Easter. Cumulative sick leave. Pension plan, Blue Cross & P.S.I., Workmen's Compensation. Transportation provided or allowance. For further information please write supplying details of training & experience to Dr. J. P. Wells, M.O.H., Peterborough, Ont.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurses for generalized program. Minimum salary $2,900 with allowance for previous experience & annual increments of $120. Cumulative sick leave plan. Pension plan & Blue Cross plan available. Interest free loans available for purchasing cars if necessary. Liberal transportation allowance & holidays. Apply A. E. Thoms, M.D., Leeds & Grenville Health Unit, Victoria Bldg., Brockville, Ont.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative.) Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

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Public Health Nurse for Town of Deep River. Salary: $3,005 to $3,395 depending on qualifications. Pension, medical & vacation plans. Living accommodation in staff hotel. State all particulars including age, marital status, education & experience in first letter to "File 2A", Atomic Energy of Can. Ltd., Chalk River, Ontario.

Public Health Nurses for Kent County Board of Health. Minimum salary: $2,840 with annual increases of $150 per yr. for 4 successive yrs. 38-hr. wk., 3-wk. vacation with pay, all statutory holidays, 2-days per mo. sick leave accumulative to 48 days. Uniforms provided. Ideally located, bordered on the south by Lake Erie & by Lake St. Clair on the west. The City of Chatham being located in the centre of the County with the cities of London, Sarnia & Windsor, Ont. & the City of Detroit, Mich. all within 1-hr. drive from Chatham, makes Kent County a most desirable place in which to live & make a living. Apply W. M. Abraham, Sec.-Treas., Kent County Board of Health, 7th St., Chatham, Ontario.

Public Health Nurses (qualified) for generalized program. Salary $2,700 to $3,200 depending on experience. Annual increment $100. 5-day wk. Pension plan. Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

Public Health Nurses — Generalized program. Minimum salary: $2,800 with allowance for experience & annual increments. Generous provision for transportation. For further details write Dr. R. M. Aldis, Director Huron County Health Unit, Goderich, Ont.

Public Health Nurses for generalized program, bedside nursing included. Rural area. Blue Cross & group ins. available. Good transportation policy. 4-wk. vacation after 1 yr., statutory holidays. Apply Dr. J. I. Jeffs, Lennox & Addington County Health Unit, Napanee, Ont.

Public Health Nurses (10) — Aug. 1 or Sept. 1 for Township of North York with over 150,000 population. Generalized program, small districts, $60 monthly car allowance. Cumba (Medical & Hospital) Plan, group insurance, pension plan available with municipality sharing the coast of the 3 plans. 4-wk. annual vacation. Staff salary: $3,120-$3,640 per yr. maximum reached in 4 yrs. Address inquiries to Dr. Carl E. Hill, M.O.H., 5000 Yonge St., Willowdale, Ont.

Public Health Nurse (qualified) for generalized program. Salary according to previous experience with annual increases. 3-wk. annual vacation. Pension Plan. Car allowance or car provided. Apply Director Public Health Nursing, Box 404, Charlottetown, P.E.I.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Maintenance & salary as for general staff nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

Assistant Office Nurse for Wainwright Clinic. Please state qualifications & salary expected. Apply Wainwright Clinic, Wainwright, Alberta.

X-Ray & Laboratory Technician for 50-bed fully modern Municipal Hospital. Town of 2,500. New nurses' residence. Salary commensurate with ability & experience. Apply J. A. Bloom, Sec.-Treas., Municipal Hospital, Hanna, Alta.

Laboratory Technician for 65-bed hospital, experienced in urinalysis, haematology, chemistry & blood bank. Living accommodation available. For further information apply Administrator, General & Marine Hospital, Collingwood, Ont.

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General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty-four hour week. Salary $210 to $260 gross per month. Differentital for evening and night duty. Residence Accommodation if desired.

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Registered General Duty Nurses. Salary: $210 per mo.; after 6 mo. $10 increase. **Operating Room Nurses,** experience not necessary. Salary: $220 per mo. after 6 mo. $10 increase. Benefits include free life ins., pension plan, Blue Cross, free medical & surgical care, statutory holidays, 3-wk. vacation, sick pay. Residence available. Apply Director of Nurses, Doctors Hospital, 45 Brunswick Ave., Toronto, Ont.

Superintendent of Nurses (1). Salary: $275 per mo. **Graduate Nurses (2).** Salary: $225 per mo. less $40 per mo. room, board & laundry. 28-bed hospital, pleasant surroundings, 5 mi. from U.S. border. 40-hr. wk., 4 wk. vacation after 1 yr. service. 1½ days sick leave per mo., yearly accumulative. Nice nurses' residence. Apply The Grands Forks Community Hospital, Grand Forks, B.C.

Night Supervisor for June, 1956. Salary: $2,760 to $3,300 plus cost-of-living bonus, approx. $325 per yr. Excellent holiday, sick leave & pension benefits. Apply, giving full particulars to The Supt. of Nurses, Baker Memorial Sanatorium, Calgary, Alta.

Clinical Surgical Instructor for 176-bed hospital. 40 student nurses. Salary: $265 per mo. 1 mo. vacation per yr, 9 statutory holidays. 41½ hr. wk., off each week-end. For further information apply Director of Nursing, Providence Hospital, Moose Jaw, Sask.

Registered Nurses. Minimum salary: $215 per mo. Maximum salary: $235 per mo. Good personnel policies. Apply Supt., General Hospital, Espanola, Ont.

Registered General Duty Nurses for 195-bed General Hospital in pediatric, medical & surgical wards. Pharmacy. Apply Supt., Hôtel Dieu Hospital, Campbellton, N.B.

Registered Nurses for modern, well-equipped hospital. Salary: $190 per mo. with a scheduled rate of increase. Previous experience recognized. 44 hr. wk., 8 statutory holidays, 1 wk. sick leave. 3-wk. vacation after 1 yr. service. Apply Supt., Memorial Hospital, Hanover, Ont.

Matron (1). General Duty Nurse (1) for 20-bed hospital. Modern nurses' home. Usual holidays with pay & sick leave, etc. Apply stating salary desired to Matron, Union Hospital, Vanguard, Sask.

General Duty Nurses for 107-bed accredited hospital. Starting salary: $190 per mo. plus meals. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ont. refunded after 6 mo. service. 44-hr. wk., 8 statutory holidays, 21 days vacation with pay. Accumulated sick leave. Medical & hospital plan subsidized. Room accommodation available in residence. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

Public Health Nurses (qualified) for generalized program in urban area. Starting salary: $2,900-$3,200 depending on experience. Annual increment $150. Transportation provided. 5-day wk. Pension Plan. Hospitalization & sickness insurance available. Apply A. F. Mackay, Board of Health, City of Oshawa, Ont.

Public Health Nurses (Qualified) for generalized public health nursing service by City of Toronto, Dept. of Public Health. Salary range: $3,186-$3,618. Starting salary based on experience. Annual increments. 5-day wk., vacation, sick pay & pension plan benefits. Apply Personnel Dept., Room #320, City Hall, Toronto, Ont.

Registered Nurse (July & August) for Lake Pembina Children's Camp in Laurentians. Apply Director, 4792 Victoria Avenue, Montreal 6, or telephone ELwood 9957.

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To organize a surgical unit of 100 beds. Good personnel policies.

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The Alice in Wonderland Syndrome

An English psychiatrist has suggested that Lewis Carroll, creator of Alice in Wonderland, who most of his life suffered from migraine headaches, went through the looking glass long before Alice did.

Carroll — like many migraine sufferers — probably experienced bizarre disturbances of the body image. These people, as Alice did in her dreams, sometimes become remarkably tall or remarkably short. Alice at times addressed herself as though she were two people, at other times she puzzled over her own identity. So do sufferers from what has been named the syndrome of Alice in Wonderland. People afflicted with this syndrome, usually epileptics or migraine sufferers, experience bodily distortions comparable to the visual illusions produced by the parabolic mirrors of a fun-fair.

As an example of this syndrome, a 43-year-old housewife was referred to a psychiatric clinic with a mild anxiety neurosis complicated by disorders of the body image. She had complained of repeatedly feeling that her head was double its normal size and half its normal weight. She sometimes felt that her height had dwindled so that she was only half as tall as usual. Such case histories confirm the suspicion that Alice wandered in a Wonderland well-known to her creator.

— *Canadian Medical Assoc. Journal*

Twelve Things to Remember

The value of time
The success of perseverance
The pleasure of working
The dignity of simplicity
The worth of character
The power of kindness
The influence of example
The obligation of duty
The wisdom of economy
The virtue of patience
The improvement of talent
The joy of originating.

— MARSHALL FIELD

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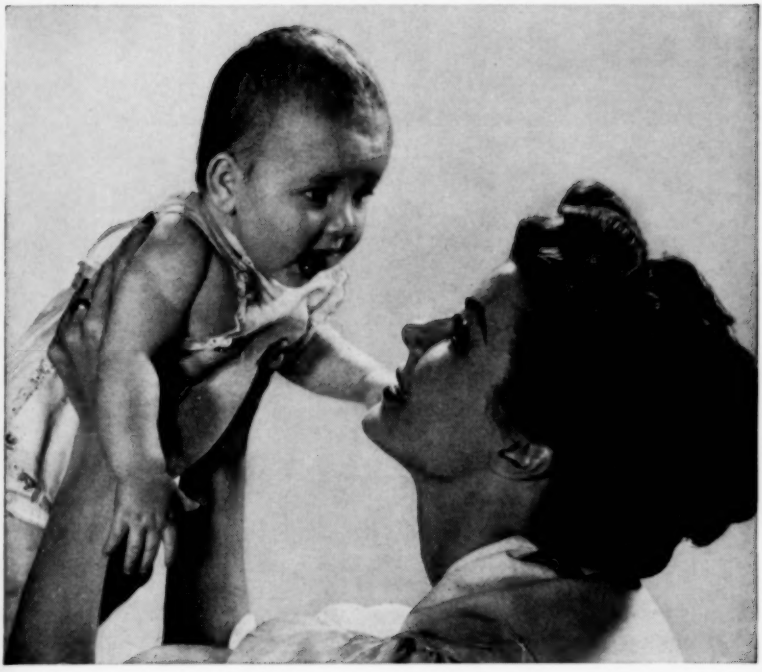

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